

NORTH DAKOTA HEAD START
STATE COLLABORATION PROJECT
2005 REPORT

Submitted to:

NORTH DAKOTA STATE HEAD START COLLABORATION OFFICE

and

LINDA RORMAN, ADMINISTRATOR

Submitted by:

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Executive Summary with Recommendations

This five-year evaluation reflects how the North Dakota Head Start-State Collaboration Office, a partnership between Head Start and the state of North Dakota, has met the goals of the project. Findings indicate that the project has:

- (1) Been successful in helping to build early childhood systems and enhanced access to comprehensive services and support for all low-income children;
- (2) Encouraged widespread collaboration between Head Start and other appropriate programs, services, and initiatives augmenting Head Start's capacity to be a partner in State initiatives on behalf of children and their families;
- (3) Been instrumental in the involvement of Head Start in State policies, plans, processes, and decisions affecting Head Start-targeted population and other low-income families; and
- (4) Facilitated a more coordinated approach to planning and service delivery for the nine priority areas.

In addition, the interviews and surveys show the extent to which the project met the charge to build collaborative relationships between Head Start and State programs. This helped to better meet the needs of low-income families and children in accordance with the major goals of the Head Start-State Collaboration Office.

The following supports these findings and clarifies areas that constituents across the state think should be addressed according to what they perceive belongs to the scope of the federal government's charge.

The Collaboration project has been proficient in facilitating a coordinated approach to planning and service delivery for areas identified as "priority." Areas identified as "priority" include childcare, welfare, health, education, service, literacy, disabilities, and homelessness. Constituents are confident that this project has helped strengthen collaboration between different types of early childhood services. The project has been successful in encouraging collaboration between Head Start and other early childhood programs and services. This is especially true in regard to developing and strengthening collaborative networks among families, the advisory council, and with regional and state offices. Linda Rorman's role as Administrator is praised consistently; the role she plays appears to be instrumental in many of the positive outcomes of the Collaboration Office. Linda's personal characteristics were frequently noted as key elements in the Collaboration Office's successes.

The leadership roles play an important part in the Collaboration Office's outcomes. This includes outreach to early childhood care providers, state, federal, and local agencies, other groups, agencies, and organizations interested in early childhood education in the state, committees, and parents. The liaison provides organizations and individuals with services, financial support, time investment, and other helpful resources. A participant in the early childhood education network commented that the Collaboration Office is "the only thing that's unifying early childhood education in the state."

The Collaboration Office's liaison work with Native American tribes was important in starting early childhood development programs in tribal communities. The group described how the Collaboration Office has provided a great deal of information about services and agencies that

they can contact for assistance. The Collaboration Office provides a bridge to communication among various offices and vital links to parents and Head Start programs. The director of the Collaboration Office also plays a catalytic or empowering role as well.

A significant outcome of the Collaboration Office is the services provided, such as promoting the health care initiatives and providing a summit on the issues of fatherhood. The Collaboration Office also provides resources for educating early childhood care providers and families.

This project doesn't deliver specific services to children and families and there is an interest in opening the Head Start programs to all children, not just those from low-income families. There is an expressed need to work on licensing and educating people on the need for training and accountability due to a gap in the care of infants and toddlers. This requires high-level support for the Collaboration Office.

The Project should help improve the access to mental health care services for low-income families in North Dakota. The respondents want continued support to promote high-quality care for all children with and without disabilities in tribal Head Start programs, childcare and educational agencies. The Collaboration needs to help improve the access to nutrition services, dental services, and health-tracking services for low-income families in North Dakota.

There is a need to help improve the access to health services for low-income families in North Dakota. The project should support and promote high-quality care for children with disabilities in Head Start programs, childcare, and educational agencies. More could be done to promote high-quality endeavors in this regard. The Collaboration should do more to help integrate additional programs that serve children and families into the working network for early childhood support and collaboration, especially decisions affecting low-income families.

The Collaboration effort is perceived to have enhanced support for low-income children and helped unify existing programs that serve children and families. The respondents indicate the project has expanded public awareness to educate public officials, business leaders, and the public in the economic benefits of Head Start/Early Head Start. This also includes quality care of Head Start/Early Head Start as well as the social benefits of Head Start/Early Head Start.

A key recommendation of this study is to increase collaboration efforts between Head Start programs, agencies, and services in the area of health, particularly mental health, dental services, and children's nutrition. Additionally, results of this study indicate a strong need to encourage and promote increased availability of high-quality childcare in the state.

Because Head Start is a federal program, funding continues to be an issue with ongoing reauthorizations and political issues. Government research on the effectiveness of the Head Start programs has compared programs that offer a set of particular services and base the funding on the results of the programs regardless of the services they offer to families. This has created philosophical controversies. The research tends to measure on academic components of the program rather than focus on the physical, social, and emotional health progress of the children that are included as part of the total Head Start program.

This evaluation found that respondents suggest a dialogue should take place to expand public awareness to educate public officials, business leaders, and the public in the educational benefits of Head Start/Early Head Start. This is because myths and misunderstandings exist due varied perspectives and expectations in addition to evolving political persuasions. Thus, expanding public awareness should be given serious consideration. However, the uniqueness of this grassroots program should be maintained in order to be in keeping with the intent for which it was created in 1965.

Introduction

This outside evaluation was requested by the Head Start Collaboration Administrator, Linda Rorman, North Dakota Department of Human Services, State Capitol, 600 East Boulevard Avenue, Division #325, Bismarck, ND 58505-0250.

The contract between North Dakota State University and the North Dakota Department of Human Services authorized a team of consultants under the direct supervision of Dr. Ronald M. Stammen, Professor and Coordinator of the North Dakota State University Education Doctorate program, to develop and complete this assessment-evaluation report for the Head Start – State Collaboration Office (HS-SCO). A substantive evaluation was conducted to capture the goal-oriented process. This evaluation focused on objective– and outcome-based analyses regarding activities of the Head Start-State Collaboration Office during the fiscal years from 2000 to 2005.

The purpose of this five-year evaluation is to reflect how the North Dakota Head Start-State Collaboration Office, a partnership between Head Start and the State of North Dakota, has met the following grant-supported goals:

- Helped build early childhood systems and enhanced access to comprehensive services and support for all low-income children;
- Encouraged widespread collaboration between Head Start and other appropriate programs, services, and initiatives augmenting Head Start’s capacity to be a partner in State initiatives on behalf of children and their families;
- Facilitated the involvement of Head Start in State policies, plans, processes, and decisions affecting Head Start-targeted population and other low-income families;
- Facilitated a more coordinated approach to planning and service delivery for the nine priority areas; and
- Determined the extent to which the state collaborating grantee met the charge of building collaborative relationships between Head Start and State programs in order to better meet the needs of low-income families and children in accordance with the major goals of the Head Start-State Collaboration Office.

The Head Start-State Collaboration Evaluation was designed to address nine federal priority areas that focus on childcare, health care, education, services to children with disabilities, and welfare. The priority areas exclude the National Service, which the state of North Dakota has opted out of. Additional priorities added this past year include considerations embedded within programs such as No Child Left Behind, Good Start Grow Smart, Fatherhood, Healthy Marriage, and Faith-Based initiatives. The Head Start-State Collaboration Office’s vision is to create a seamless tapestry of support for agencies and programs serving children and families in North Dakota. In order to fulfill this mission, the Head Start-State Collaboration Office maintained and refined partnerships to strengthen and expand collaborative efforts during the preceding five-year time period utilizing the following set of objectives:

- (1) To strengthen the unification of existing programs that serve children and families and incorporate additional programs into a working network of support and collaboration under the leadership of the Head Start Collaboration Administrator working out of the state capitol.

- (2) To promote and support high-quality care and education for all children, with and without disabilities, in state and tribal Head Start programs and in childcare and educational agencies.
- (3) To improve access to health, health tracking, dental, nutrition, and mental health care services for low-income children and their families in North Dakota.
- (4) To continue to expand the public-awareness campaign to inform public officials, business leaders, and the general public of the social, educational, and economic benefits of Head Start and Early Head Start as well as quality care in general.

Generally accepted practices and procedures will be used to accurately portray qualitative and quantitative data. Confidentiality will be maintained because participant disclosure is not needed for this report. Both the director and consultant will mutually cooperate to determine contacts, methods, and other ways to ascertain accurate results.

The evaluation team at North Dakota State University's School of Education consists of highly qualified professors and doctoral students who have held master-degree level and certification-required positions in elementary schools and/or preservice University services that include preschool, early childhood education, and early childhood special education. The evaluation report covers the time period beginning November 1, 2004, and ending February 28, 2005. University and state department official representatives signed the Purchase of Service agreement (# 450-5684) on October 11, 2004.

Section 1: Objectives and Goals of the Collaboration

A. Essential Elements of Head Start-State Collaboration Offices

An evaluation team conducted a pre-planning session with the Director on October 18, 2004 for a briefing overview about the Collaboration Office's goals and functions, its relationship to state entities, tribal government, and local service agencies, its position in the state government, and other perspectives important to the initiatives.

Information was provided to the North Dakota Department of Human Services, Children and Family Services Director and Children and Family Services Unit Supervisor on November 19, 2004, and to the North Dakota Head Start Association. This document was used as the basic foundation for agreement on the role of the North Dakota Head Start-State Collaboration Office Administrator and for the revisions to the Performance Management Plan.

1. Head Start-State Collaboration Directors are expected to spend 100% of their time on 3 main goals and 8 priority areas.
 - These grant awards are intended to continue support for Head Start-State Collaboration Offices funded by the Administration for Children and Families (ACF) for the following purposes:
 1. To assist in building early childhood systems and access to comprehensive services and support for all low-income children.
 2. To encourage widespread collaboration between Head Start and other appropriate programs, services, and initiatives and to augment Head Start's capacity to be a partner in State initiatives on behalf of children and their families.
 3. To facilitate the involvement of Head Start in State policies, plans, processes, and decisions affecting the Head Start target population and other low-income families.

Source: 2001-2006 Grant Guidance for Head Start-State Collaboration Offices from the Administration for Children and Families, U.S. Department of Health and Human Services.
 - States will ensure that the collaboration involves coordination of Head Start Services with: childcare and preschool, welfare, health care, education, community service activities, family literacy services, activities relating to children with disabilities, and services for homeless children.

Source: 1998 Head Start Act [Section 640 (a) (5)]
2. The Head Start-State Collaboration Directors receive direction and oversight from the Region VIII ACF Office and the Federal Head Start Bureau.
 - States will appoint an individual to serve as a State liaison between: (I) the appropriate regional office of the Administration for Children and Families and agencies and individuals carrying out Head Start programs in the State; (II) agencies (including local education agencies), and entities carrying out programs serving low-income children and families.

Source: 1998 Head Start Act [Section 640 (a) (5)]

- Head Start-State Collaboration Offices will foster working coalitions of ACF officials, State officials, State Head Start Association members, Head Start program directors and staff, early childhood professionals, and professionals in other relevant disciplines.
Source: 2001-2006 Grant Guidance for Head Start-State Collaboration Offices from the Administration for Children and Families, U.S. Department of Health and Human Services.
 - Project budgets must include travel and per diem for the Collaboration Director to attend two meetings annually with ACF Regional officials, as well as to attend two 3-day national meetings of all Head Start-State Collaboration Offices during each project year.
Source: 2001-2006 Grant Guidance for Head Start-State Collaboration Offices from the Administration for Children and Families, U.S. Department of Health and Human Services.
 - The Region VIII ACF Office is additionally holding monthly conference calls with Head Start-State Collaboration Directors.
3. The Collaboration Office should be administratively placed so that the Collaboration Director has access and autonomy to work with state-level planning bodies, policymakers, and the Governor's Office.
- Collaboration Offices are most successful when they have autonomy and access to the Governor's office and State officials are willing to engage in a partnership with the State Head Start Association, as well as the Head Start and early childhood communities.
Source: 2001-2006 Grant Guidance for Head Start-State Collaboration Offices from the Administration for Children and Families, U.S. Department of Health and Human Services.
 - The Governor and other high level officials must provide strong, ongoing support in developing initiatives involving various State agencies. This level of support is proving essential in creating mutually beneficial changes in service delivery systems.
Source: 2001-2006 Grant Guidance for Head Start-State Collaboration Offices from the Administration for Children and Families, U.S. Department of Health and Human Services.
 - States will ensure that the individual holds a position with sufficient authority and access to ensure that the collaboration is effective and involves a range of State activities.
Source: 2001-2006 Grant Guidance for Head Start-State Collaboration Offices from the Administration for Children and Families, U.S. Department of Health and Human Services.
4. The State Head Start Association needs to be continually and actively involved in the decision-making processes that affect the Collaboration Office.
- States will involve the State Head Start Association in the selection of the individual, and in determinations relating to the ongoing direction of the collaboration.
Source: 1998 Head Start Act [Section 640 (a) (5)]
 - Collaboration Offices who work with the State Head Start Association and the Head Start community to develop mutual goals and objectives were able to implement the grants much more quickly and with fewer obstacles.

Source: 2001-2006 Grant Guidance for Head Start-State Collaboration Offices from the Administration for Children and Families, U.S. Department of Health and Human Services.

- Strategies which were likely to facilitate the development of statewide partnerships included the development and maintenance of supportive advisory committees, interagency agreements that linked public and private agencies, and the involvement of the State Head Start Association in the collaboration of office activities.
Source: 2001-2006 Grant Guidance for Head Start-State Collaboration Offices from the Administration for Children and Families, U.S. Department of Health and Human Services.

- Include representatives of the State Head Start Association and local Head Start agencies in unified planning regarding early care and education services at both the state and local levels, including collaborative efforts to plan for the provision of full-working-day, full-calendar-year early care and education services for the children.
Source: 1998 Head Start Act [Section 640 (a) (5)]

B. Evaluators' Perspectives

The Head Start-State Collaboration Office (HS-SCO) evaluation was conducted to capture the goal-orientated process in order to focus on objective-and outcome-based analyses of HS-SCO activities. The following statements served as the basis for developing inquiries for this evaluation. These statements represent the objectives and outcomes ascertained from the 8 federal grant narratives and the subsequent initiatives set by HS-SCO in North Dakota.

1. Helped build early childhood systems;
2. Enhanced access to comprehensive services;
3. Enhanced support for all low-income children;
4. Encouraged widespread collaboration between Head Start and other appropriate programs, services;
5. Encouraged initiatives that augmented Head Start's capacity to be a partner in State initiatives on behalf of children and their families;
6. Facilitated the involvement of Head Start in State policies affecting Head Start-targeted population and other low-income families;
7. Facilitated the involvement of Head Start in State plans affecting Head Start-targeted population and other low-income families;
8. Facilitated the involvement of Head Start in State processes affecting Head Start-targeted population and other low-income families;
9. Facilitated the involvement of Head Start in State decisions affecting Head Start-targeted population and other low-income families;
10. Facilitated a more coordinated approach to planning and service delivery for the nine priority areas;

11. Determined the extent to which the state collaborating grantee met the charge of building collaborative relationships between Head Start and State programs in order to better meet the needs of low-income families and children;
12. Strengthened the unification of existing programs that serve children and families;
13. Incorporated additional programs into a working network of support and collaboration under the leadership of the Head Start Collaboration Administrator working out of the state capitol;
14. Promoted high-quality care for all children, with and without disabilities, in state Head Start programs and in childcare and educational agencies;
15. Promoted high-quality care for all children, with and without disabilities, in tribal Head Start programs and in childcare and educational agencies;
16. Supported high-quality education for all children, with and without disabilities, in state Head Start programs and in childcare and educational agencies;
17. Supported high-quality education for all children, with and without disabilities, in tribal Head Start programs and in childcare and educational agencies;
18. Improved access to health services for low-income families in North Dakota;
19. Improved access to health-tracking services for low-income families in North Dakota;
20. Improved access to dental services for low-income families in North Dakota;
21. Improved access to nutrition services for low-income families in North Dakota;
22. Improved access to mental health care services for low-income families in North Dakota;
23. Expanded the public-awareness campaign to inform public officials, business leaders, and the general public of the social benefits of Head Start/Early Head Start;
24. Expanded the public-awareness campaign to inform public officials, business leaders, and the general public of the educational benefits of Head Start/Early Head Start and quality care in general;
25. Expanded the public-awareness campaign to inform public officials, business leaders, and the general public of the economic benefits of Head Start/Early Head Start; and
26. Expanded the public-awareness campaign to inform public officials, business leaders, and the general public of the quality care in general of Head Start/Early Head Start.

Section 2: Overview of the Evaluation Design

The Head Start-State Collaboration Office is required to complete an evaluation process in order to evaluate the effectiveness of the Project. Each state has the latitude to design an evaluation that appropriately measures the progress of its Collaboration Office. In 2004, the North Dakota Department of Human Services contracted with evaluators at North Dakota State University to collaborate on the design and implementation of an evaluation to measure progress of the Collaboration Project from 2000 to 2005.

The primary objectives driving the development and design of the North Dakota Head Start- State Collaboration Project evaluation were to evaluate the Collaboration Office's degree of success in its nine strategic goals, evaluate its impact in the state, and derive recommendations for future directions and goals.

In order to complete an evaluation spanning the five-year period of 2000 to 2005, a multi-step process was employed. From October 2004 through December 2004, the North Dakota Head Start-State Collaboration Director, Linda Rorman, and NDSU researchers Michelle Beach and Doug Jacobson met to plan and organize activities to meet the objectives and scope of the evaluation. During this implementation phase, documents, including collaboration grant applications and previous evaluation reports from other states, were read and reviewed. Protocol design was completed and data collection activities were initiated.

The evaluation team created a comprehensive evaluative design that purposely integrated a range of perceptions from multi-layered divisions of stakeholders. The purpose of the multi-faceted investigative approach was to produce an exhaustive set of data from which to draw conclusions in this study. Representatives from each segment of stakeholders concerned with young children and their families in North Dakota were interviewed as part of the evaluation.

The methods used to gather data for this evaluation included the following procedures:

1. Gathering historical documents and background information
2. Interviewing a Head Start director to reflect a practitioner viewpoint
3. Developing and validating a survey instrument
4. Distributing validated surveys to the North Dakota Head Start Association
5. Interviewing by telephone with key individuals throughout the state
6. Conducting personal interviews with key individuals throughout the state
7. Conducting a focus group session with tribal Head Start constituents
8. Conducting a focus group session with Head Start/Early Head Start constituents
9. Distributing a statewide e-mail enquiry to elementary school principals
10. Developing a statewide e-mail database ascertained from information obtained from the North Dakota Head Start-State Collaboration Office
11. Developing and validating questions for a web-based questionnaire
12. Setting up a confidential survey website with the North Dakota State University Group Decision Center whereby respondents may participate, and using the statewide email database developed and ascertained from the Head Start-State Collaboration Office
13. Analyzing and synthesizing results into recommendations for future efforts
14. Summarizing data in a final report that includes evaluations, summary, conclusions, and recommendations for future action.

Section 3: Background of Head Start

Overview of Head Start

Head Start programs began in 1965 as part of President Lyndon Johnson's "War on Poverty." The purpose of Head Start was to focus on school readiness for children living in poverty. Initially, it began as a free six-week program and was similar in function to childcare. However, with the passing of the No Child Left Behind (NCLB) legislation, it has evolved into more of a kindergarten transition program.

To enroll in a Head Start program, families must qualify with incomes under the federal poverty guidelines. Head Start programs may also choose to accept children for enrollment whose families earn 10 percent more than federal poverty guidelines. However, because of the current waiting lists of children who do meet the poverty guidelines, Head Start programs have not been able to accept as many children from families over the eligibility category.

Government guidelines for teacher qualifications in Head Start centers have recently changed. Current regulations require that at least half of the Head Start teachers in any program have a minimum of an Associate of Arts degree in early childhood education. Finding teachers with degrees has been difficult for some of the small communities in North Dakota. North Dakota colleges have been assisting with on-site and evening courses to help with degree requirements.

Because Head Start is a federal program, funding continues to be an issue with ongoing reauthorizations occurring. The more services the program offers, the more funding is generally required to support the services. Government research on the effectiveness of the Head Start programs has compared programs that offer a set of particular services and base the funding on the results of the programs regardless of the services they offer to families. This has created philosophical controversies. The research tends to rely on academic components of the program rather than on the physical, social, and emotional health status of the children that are included as part of the total Head Start program.

History of Head Start

In 1964, the Federal Government asked a panel of child development experts to draw up a program to help communities meet the needs of disadvantaged preschool children. The panel report became the blueprint for Project Head Start.

Project Head Start, launched as an eight-week summer program by the Office of Economic Opportunity in 1965, was designed to help break the cycle of poverty by providing preschool children of low-income families with a comprehensive program to meet their emotional, social, health, nutritional, and psychological needs. The underlying philosophy developed throughout the Civil Rights Movement was that government had a responsibility to assist disadvantaged groups to compensate for social or economic inequality. The concept of "maximum feasible participation" represented a new view in federal government that low-income people should help plan and run their own programs. Head Start began by recruiting children age three to school entry age, and was positively received by education, child development specialists, community leaders, and parents.

In 1969, Head Start was transferred from the Office of Economic Opportunity to the Office of Child Development in the U.S. Department of Health, Education and Welfare, and is currently a program within the Administration on Children, Youth and Families in the Department of Health and Human Services.

The program is locally administered by community-based non-profit organizations and school systems. Grants are awarded by the Department of Health and Human Services Regional offices, except for the American Indian and Migrant programs, which are administered in Washington, D.C.

Head Start serves American Indian, migrant farm worker, urban and rural children and families in all 50 States, the District of Columbia, Puerto Rico, the Virgin Islands and Pacific Insular Areas.

Head Start has grown from the eight-week demonstration project to include full day/year services and many program options. Families with children birth to age 3 have been served in Head Start since at least 1967 by Migrant/Seasonal Head Start and Parent Child Centers. However, birth to age 3 services were not formalized and expanded until the inception of Early Head Start in the mid 1990's.

Several unique aspects distinguish Head Start. The first is its flexibility. The original planners of Project Head Start theorized that no one-program design could meet the needs and build on the strengths of every child in every community. Head Start is an evolving concept upon which variations are made, tailored to the needs and strengths of the community the program serves.

Flexibility, or local program design, is a requirement of Head Start programming, not an option. In this way, children and families with diverse needs are assured of a place in their community's Head Start program. Underlying its flexibility, Head Start has a solid core of program policy, the Head Start Program Performance Standards, which unite the variety of local agency programs.

Secondly, Head Start is a comprehensive program, grounded in environmental enrichment, and including the fields of health, social services, and education. The delivery of services is similarly comprehensive, directed not only at the child, but also at the child as a part of a family and a community. Believing that children develop in the context of their families, cultures, and communities, Head Start services are family centered and community-based. Head Start offers family members opportunities and support for growth and change, believing that people can identify their own strengths, needs, and interests and are capable of finding solutions. Head Start's focus on the whole child extends to recognition of the importance of the family, not the institution, as the source of a child's values and behavior.

The third distinctive aspect of Head Start is the idea that parents participate, both on administrative policy committees and in their children's education. Parent involvement in Head Start was truly revolutionary at the time. It represented a new attitude on the part of the government towards the poor. Economically disadvantaged families were no longer seen as passive recipients of services, but rather as active, respected participants and decision makers.

Head Start has developed new ways to serve children and families with varied needs and resources. Head Start has been a leader in innovative programming. A sampling of Head Start innovations follows.

HEAD START INNOVATION		
YEAR	PROGRAM	DESCRIPTION
1967	Follow Through	Extended Head Start services to Head Start children who entered kindergarten and elementary school.
1967	Parent and Child Centers	Demonstration program offering Head Start services with children to age 3. Early Head Start replaced in the mid-1990's.
1972	Head Start Services to Children with Disabilities	Implemented the 1972 Congressional mandate requiring 10% of Head Start enrollment slots be reserved for children with disabilities/special needs and special Head Start services be provided to meet their needs.
1972	Home Start	Three-year demonstration program to provide Head Start services to children and parents in their own homes. Home-based became a program option.
1972	Child Development Associate Program	Head Start's CDA program was initiated in 1972 to train workers in Head Start and day care centers and to help them achieve professional status in the childcare field.
1973	Child and Family Resource Program	Another family oriented Head Start project designed to make community services available to families with children from the prenatal period through age 8.

Early Head Start

With the reauthorization of the Head Start Act in 1994, Congress established a new program -- Early Head Start -- to provide services to low-income families with children from birth to age three and to pregnant women. In creating this program, Congress acted upon evidence from research and practice which illustrates that early intervention through high quality programs enhances children's physical, social, emotional, and cognitive development; enables parents to be better caregivers and teachers to their children; and helps parents meet their own goals, including economic independence.

The Advisory Committee on Services for Families with Infants and Toddlers was created by the Secretary of Health and Human Services to assist in the design and implementation of the Early Head Start initiative. The Committee, comprised of healthcare professionals, educators, business leaders, and state and federal government officials, presented a plan for a national approach to high quality developmental services for infants and toddlers and their families.



Early Head Start services began in 1995 under the collaborative work of the Advisory Committee and the Administration on Children, Youth and Families. Goals were established that focused on providing safe, healthy, enriching environments for all children, caregivers, and service

providers; offering personal and professional support to children, families, communities, and staff and promoting relationship-building between children, parents and caregivers.

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The project's mission continues to center on encouraging healthy prenatal outcomes, enhancing the overall developmental progress of the young child, increasing parents' skills and knowledge of child development, strengthening the family unit, and promoting community building and staff development.

The Early Head Start program provides resources to community programs to address such needs and to achieve the purposes set forth by Congress. The local programs funded through Early Head Start operate as a national laboratory to demonstrate the impact that can be gained when early, continuous, intensive and comprehensive services are provided to expectant women and very young children and their families. Projects must coordinate with local Head Start programs to ensure continuity of services for children and families.

The services provided by Early Head Start programs are designed to reinforce and respond to the unique strengths and needs of each child and family. Services include quality early education in and out of the home; home visits; parent education, including parent-child activities, comprehensive health services, including services to women before, during and after pregnancy; nutrition; and case management and peer support groups for parents.

Misconceptions about Head Start persist. A common belief is that Head Start has a single, standardized educational curriculum that every program uses. A foundation of Head Start is that local programs have flexibility in planning educational curricula to specifically meet the needs of their children and communities.

Another commonly held belief is that Head Start was designed primarily to develop the cognitive capabilities and improve the IQ's of low-income children. Raising IQ scores is not an objective of Head Start. Head Start's focus has been to improve the cognitive abilities of young children, along with their physical well being, social skills, and self-image.

Head Start was intended as a program for children of families with incomes below the poverty level. While it was established to serve the "poorest of the poor," since 1965, Head Start allows that up to 10 percent of the children in the program can come from families above the poverty line. The original Planning Committee's idea was that whenever possible, Head Start should give children from different income groups an opportunity to learn from one another.

One of the most common beliefs is that Head Start can protect children against the ill effects of growing up in poverty. A year or two of preschool can't guarantee a high school diploma, good job, and end to poverty, any more than a good diet and relationship during the first year of life ensures good health in old age and solid trust development. Children and families do benefit from Head Start.

Head Start's original and ongoing overall goal is to increase the social competence of children from low-income families. Based on the premise that children develop in the context of their families, culture, and communities, Head Start services are family centered and community-based. Head Start offers family members opportunities and support for growth and change, believing that people can identify their own strengths, needs, and interests and are capable of finding solutions.

Head Start Foundational Goals

Head Start started with seven goals in 1965. These seven goals continue to be the basis for the program's mission and values:

- Improving the child's physical health and physical abilities.
- Helping the emotional and social development of the child by encouraging self-confidence, spontaneity, curiosity, and self-discipline.
- Improving the child's mental processes and skills, with particular attention to conceptual and verbal skills.
- Establishing patterns and expectations of success for the child that will create a climate of confidence for future learning efforts.
- Increasing the child's capacity to relate positively to family members and others, while at the same time strengthening the family's ability to relate positively to the child and his problems.
- Developing in the child and his family a responsible attitude toward society, and encouraging society to work with the poor in solving their problems.
- Increasing the sense of dignity and self-worth within the child and his family.

To support its goal, Head Start embraces the following core set of values:

- Establish a supportive learning environment for children, parents, and staff. Value and promote the building of awareness, skills, and understanding.
- Recognize that the members of the Head Start community - children, families, and staff - have roots in many cultures. Work as a team and effectively promote respectful and proactive approaches to diversity.
- Families are empowered when families, governing bodies, and staff share the responsibility of program governance. Hear and respect the ideas and opinions of families.
- Embrace a comprehensive vision of health for children, families, and staff. Assure that basic health needs are met, encourage preventive health practices, and promote behaviors that enhance life-long well being.
- Respect the importance of all aspects of individual development, including social, emotional, cognitive, and physical growth.
- Build a community in which each child and adult is respected as an individual while still belonging to the group.
- Foster relationships with the larger community to build a network of partners that respects families and staff.
- Develop a continuum of care, education and services that allows stable, uninterrupted support to children and families before, during and after their Head Start experience.

*--Source: Head Start Performance Standards;
45CFR, Introduction, page 1*

Timeline of Head Start History

President Lyndon B. Johnson (1963 - 1969)

January 1964	January - February 1964	July - August 1964	November 1964	December 1964
President Johnson declares "War on Poverty" in his State of the Union message.	Sargent Shriver is named head of War on Poverty program by President Johnson. He convenes first task force meeting to plan legislation.	July 1964. <i>Economic Opportunity Act</i> passes Senate. August 1964. <i>Economic Opportunity Act</i> passes House and is signed into law.	Office of Economic Opportunity makes first grants to Community Action Agencies. Lyndon Johnson is elected President.	Mr. Shriver asks Dr. Robert Cooke, pediatrician at Johns Hopkins University to head a steering committee of specialists in all fields to discuss what should be done for young children.
January 1965	February 1965	May 18, 1965	Summer 1965	1965
Steering Committee convenes at the White House led by Mrs. Lyndon Johnson and Sargent Shriver.	Recommendations for the Head Start Program are issued by the Planning Committee in the Cooke Memorandum. OEO memo from Jules Sugarman announces initiation of Project Head Start.	President Lyndon B. Johnson officially announces the Head Start program in the White House Rose Garden.	Head Start is launched, serving over 560,000 children and families across America in an eight-week summer program.	American Indian and Alaska Native Head Start programs also began in 1965 with 43 grantees in 14 states.
July 1966	1968			
<i>Economic Opportunity Act</i> is amended, requiring the Office of Economic Opportunity to operate a Head Start program.	Head Start begins funding a program that will eventually be called Sesame Street. It is a Carnegie Corporation Preschool Television Show.			

**President Richard M. Nixon
(1969 - 1974)**

1969	August 1972	1973
Head Start is transferred from the Office of Economic Opportunity to the Department of Health, Education and Welfare and becomes a part of HEW's Office of Child Development.	<i>Economic Opportunity Act</i> is amended, calling for expansion of Head Start program opportunities for handicapped children. The legislation mandates that at least 10 percent of the national enrollment of Head Start consist of handicapped children.	Head Start home-based program option is added.

**President Gerald R. Ford
(1974-1977)**

October 1974	July 1975
Total number of children served since 1965 reaches 5,300,000.	<i>Head Start Program Performance Standards</i> are issued.

**President Jimmy Carter
(1977 - 1981)**

1977	1977 - 1981
Bilingual and bicultural Head Start Migrant programs serve 6,000 children in twenty-one states.	Major expansion of Head Start, adding 43,000 children and families.

**President Ronald Reagan
(1981 - 1989)**

October 1984

Head Start budget exceeds the one billion mark and the number of children served since the beginning reaches 9,144,990.

**President George Bush
(1989 - 1993)**

1992



Head Start funding is increased by \$600 million. This additional funding extends services to another 180,000 children and families.

**President William J. Clinton
(1993 - 2001)**

September 1995

November 5, 1996

October 1998

May 18, 2000



First Early Head Start grants are awarded to provide services for children birth to age three and pregnant women.

First major revision of the *Head Start Program Performance Standards* is issued.

Head Start Reauthorization Act includes mandate to expand full-day, full-year services.

Head Start celebrates 35th Anniversary and marks five-year period of significant expansion in services to children and families.

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Online Link: <http://www.hskids-tmssc.org/text/recruitment2/35thanniversary2/35timeline2.htm>

National Head Start Association

The National Head Start Association (NHSA) is the private, nonprofit membership organization that advocates for Head Start in Congress and supports all members of the Head Start community. Since 1973, NHSA has bolstered the quality of Head Start services, promoted the value of Head Start to the public, protected the rights of Head Start parents, improved the skills of Head Start professionals, and allowed Head Start advocates to speak with one unified voice.

NHSA has a Board of Directors, with two representatives elected from each Regional Head Start Association, including the Indian and Migrant Associations. The past President serves as ex-officio.

NHSA's office is located at 1651 Prince Street in Alexandria, VA 22314, and has a large staff led by its CEO, Sarah M. Greene. Various divisions carry out the work of NHSA, including Government Affairs, Partnerships, Publishing and Marketing, and the "Heads Up!" distance learning and reading projects.

NHSA sponsors an annual National Training Conference in the spring, a Parent Training Conference in the late fall/early winter, and various special track conferences throughout the year. The NHSA Academy credentials Head Start staff in Basic Family Services and Health, Mid Manager, New Manager and Advanced Administrative courses. NHSA publishes a quarterly professional periodical called "Children and Families."

Mirroring the history of the Head Start program itself, the National Head Start Association (NHSA) was formed quickly and on a broad scale. Like the federal program, the association rapidly became a national success, uniting the members of the Head Start community into a strong voice of Head Start advocacy.

The idea for a Head Start association was born in 1973 in Kansas City, Missouri, at a national conference for directors of community action agencies. A handful of Head Start program directors attending the conference discussed the need for a private, national association that could advocate specifically for the Head Start community in Congress. They were concerned by the Nixon administration's threat to eliminate community action agencies, which sponsored the majority of Head Start programs.

During the remainder of 1973, the core group of directors from Kansas City met several times with other Head Start directors from across the country. Pooling resources, they formed the National Directors Association-the forerunner of NHSA. In addition to protecting Head Start's funding, the association aimed to strengthen the quality of Head Start. All Head Start directors were urged to join the National Directors Association and to attend its first annual meeting from May 31 to June 3, 1974, in Chicago, Illinois.

Drawing strength from their collective experiences, the directors organized advocacy efforts and planned for ways to increase the scope of the association. Most significantly, they passed a resolution to invite Head Start parents to form an affiliate association. At the request of the National Directors Association, Head Start parent delegates from each state met in Washington, D.C., in September 1974 to begin forming the parent affiliate of the Head Start Association, called the Head Start Parents Association. The delegates met again in January 1975 in Los Angeles, California, to draft bylaws and elect temporary officers to serve until the second annual meeting, which was held in Kansas City, Missouri, in May 1975.

At the January 1975 organizational meeting in Los Angeles, the parents passed a motion to invite Head Start non-director staff members to the second annual conference. They felt Head Start staff members were critical to the association's long-term success. Non-director staff members formed the third affiliate association, the Head Start Staff Association. By the time the second annual meeting was held in Kansas City, the three associations as a group were named the National Head Start Association.

At the second annual conference, a number of the attendees did not fit into any of the three affiliate associations already organized. These "friends" of Head Start organized themselves into the final affiliate association of National Head Start Association, and presented bylaws and charter at the second annual conference.

The members of the NHSA's four affiliate associations voted to merge into one association on June 7, 1990. In the new structure, Head Start directors, parents, staff members, and friends were all members of one association, distinguished only by a different class designation. Although this essentially reflected the way NHSA had been organized before the merger, the new structure simplified the association's structure, unified its members, and helped clarify its mission of bringing together all members of the Head Start community.

Over the past 25 years, NHSA's mission has changed from being a support for Head Start in Congress to actively expanding and improving the program. Membership types have been created for Head Start agencies, Head Start state and regional associations, and commercial and nonprofit organizations. From planning massive annual training conferences to publishing a vast array of publications, the National Head Start Association continually strives to improve the quality of Head Start's comprehensive services for America's children and families.

Head Start-State Collaboration Office

The Head Start-State Collaboration Office was created to assure a visible presence for Head Start and to support development of multi-agency and public/private partnerships at the State level. These partnerships enhance the capacity of Head Start and other early childhood programs in order to improve outcomes for children and families in North Dakota.

Collaboration with other community agencies is central to Head Start's mission and service delivery design. Head Start is not funded to provide all its mandated services. Collaboration with the agencies that do provide those services, as well as with other educational, cultural, and advocacy organizations, is fundamental to delivering high quality Head Start services.

The first formal national collaboration was in 1974 with the Medicaid Early and Periodic Screening, Diagnosis, and Treatment Program (EPSDT). Federally, Head Start's commitment to collaboration has grown.

In 1990, the Head Start Bureau of the Department of Health and Human Services began funding Head Start State Collaboration Offices. Every state, Puerto Rico, and the Virgin Islands now has a Collaboration Office. Agencies make Head Start the central community institution at the local level. Head Start State Collaboration Offices work at the State level to bridge Head Start with the state entities that make decisions, set policy, and fund programs for low income children and families, the Head Start target population.

The objectives of the Head Start Collaboration Office are to:

- Help build early childhood systems and enhance access to comprehensive services and support for all low-income children;
- Encourage widespread collaboration between Head Start and other appropriate programs, services, and initiatives, augmenting Head start's capacity to be a partner in State initiatives on behalf of children and their families; and
- Facilitate the involvement of Head Start in state policies, plans, processes and decisions affecting Head Start target populations and other low-income families.
- The Head Start State Collaboration Office is a federal-state partnership, with funding provided by the US DHHS - Head Start Bureau and non-federal share match provided by the Department of Human Services.

The purpose of the Head Start State Collaboration Office is to support and encourage collaboration with Head Start and various other stakeholders at the state and local levels in priority areas:

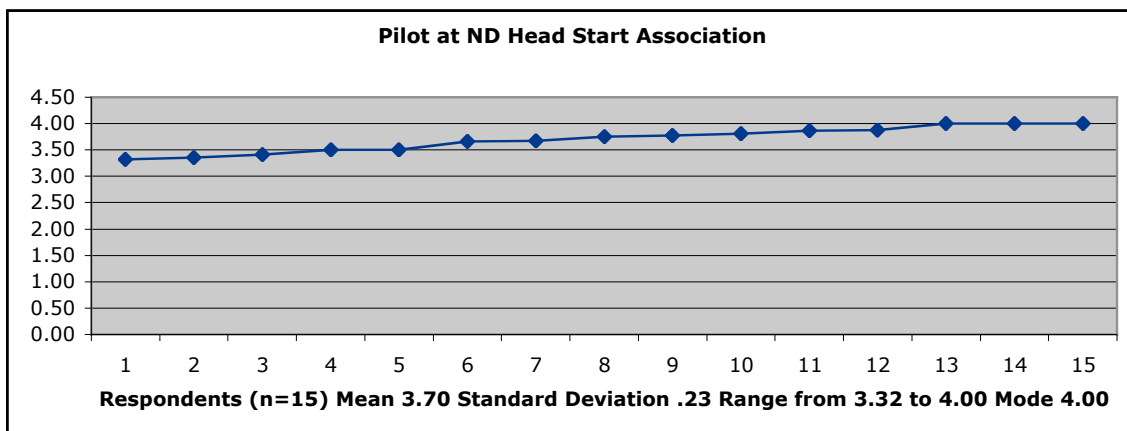
- Improve the availability and affordability of quality child care
- Increase opportunities for children with disabilities
- Expand partnerships with school systems
- Strengthen family literacy services
- Promote access to timely health care services
- Support access for homeless children
- Collaborate with existing community services activities
- Encourage collaboration with welfare systems
- Support career development in early care and education

The Head Start State Collaboration Director works to educate the larger community about Head Start, provide information and ideas to support partnerships, and conduct and participate in statewide planning in all the priority areas to move North Dakota toward an integrated system of services for low-income children and families.

Section 4: Results from North Dakota Head Start Association Survey

The evaluator attended the North Dakota Head Start Association meeting held at Mayville State University, Mayville, ND, on November 17 and 18, 2004. The purpose was to become familiar with the culture and substantive agenda of the officers of the association. Those in attendance completed the 2004 Evaluation Survey prepared by the evaluation team based on objective-and outcome-based analyses regarding evaluation activities listed in Section 1 of this paper. The following chart illustrates the quantitative data ascertained from this pilot whereby 4.00 was the highest score representing the opinion that they “agree a great deal,” and a score of 1.00 representing “no agreement at all” (See Section 6: Statewide Web Survey):

Graph A



The data shows the respondents of the pilot who reviewed the questionnaire held close agreement on the 4-Point Likert scale instrument. This is because the mean was close to highest score, the standard deviation and range showed a tight distribution, the mode was the highest score possible, and the median was 3.75, representing a quarter point from highest score. However, the number in the sample was too small to adequately acquire a confidence level or to determine statistical inference. The closeness of these scores indicates that the survey is a reliable instrument and deemed to be valid because no participant provided any areas for correction.

The participants provided comments that were analyzed to represent a collective viewpoint. The statements have been compiled into the following abstract using qualitative-research methods:

Purpose of Collaboration

The Collaboration Office is a vital link for our NDHSA committee. The Office represents the NDHSA in a positive manner. The Collaboration Office has greatly increased the awareness of early childhood programs across the state. The Office has come through many times in assisting to fund professional development opportunities. This has been greatly appreciated. The director has been a great advocate for Head Start on a state level.

One respondent wrote, "She has kept us really informed with the collaboration and what is done for Head Start."

Collaboration Services

The Collaboration Office has worked very hard educating state government, business leaders, and the general public about the Head Start attributes. The Office shares data and statistics with other agencies, represents the HS/EHS programs on statewide committees and tries to unify HS/EHS programs even though all programs do not operate in same manner or with same policies, procedures, ethics, etc. The job is enormous and all of us need (as Program Director) to support the office and continue the work of the Collaboration Office at the local levels.

The respondents mentioned the Director has opened many new opportunities of Head Start and children and families by introducing new partnerships and fighting for common goals between state departments. One wrote, "I don't know what we would do without her! She has been instrumental in so many aspects for North Dakota to name a few groups--- Breastfeeding Group, Healthy ND, (bringing the professionals together to develop early learning guidelines and hire consultants to write) Early Childhood standards, licensing issues, oral health grant, supporting a ND fatherhood summit to address issues in fatherhood, professional development-career system with Wheelock College, higher ed and these are just the areas I can think of over the past year."

Another wrote, "I am pleased with the collaboration office/have used office for several projects specific to our program. We always receive information requested/and data in regard to efforts of the office."

Counterpoint

A respondent wrote, "There are some areas, such as disability, that I am not sure exactly what the Office of Collab (Collaboration) has accomplished. This doesn't mean nothing has been done, just that I am unaware. Other state agencies/public policy administrators, etc., are missing." Six respondents did not comment.

One respondent wrote, "I don't have a lot of background info on the office but everyone seems to give 100%!"

The respondents' relationships to the Collaboration Office varied. There were seven directors, three parents, three staff members, and one with no affiliation stated. Nine of the respondents have been involved more than three years; three involved for less than three years, two less than a year, and one indicated no involvement because she was newly appointed. Eleven are presently involved in Head Start, one was involved in Early Head Start, and three are involved in both Head Start and Early Head Start. Two of the fifteen survey participants had positions that were affiliated with Native American Head Start programs.

Participants were asked whether they had previously been involved with Head Start in a different capacity from their current capacity, and if so, to specify their previous position and the length of time they spent in that position. Five responded, as follows:

One previously served as a teacher in Head Start; one served as a Board member for over three years; one began as a Head Start parent for one to three years; one served as a Board member for one to three years; and one served as a teacher for less than one year.

Section 5: Narrative Summary of Interviews and Survey Comments

Interviews with key individuals throughout the state included stakeholders at every level: Tribal and non-tribal Head Start parents and staff, early childhood professionals, agencies, organizations, and state officials. Interviews with key state officials whose agencies work in conjunction with the Head Start Collaboration Office were completed via telephone. Personal interviews with well-known leaders in the early childhood field in North Dakota provided in-depth perspectives regarding the collaborative gains that were fostered between agencies that serve young children and their families. Focus group sessions with tribal and non-tribal constituents provided a voice to Head Start parents and staff in North Dakota.

This study was commissioned to evaluate the progress of the Head Start-State Collaboration Office itself, and not its staff. However, it is evident from the number of comments made regarding Project Administrator Linda Rorman that interviewees consider her strong leadership the primary reason for the success in what they describe as a complex, politically sensitive Office. Respondents consistently cited the Project Administrator's ability to lead and manage job responsibilities as "outstanding," "exceptional," and "critical for the HS-SCO successes." Because the majority of the respondents in this study interchangeably referred to the Collaboration Office and the Administrator, comments, observations, remarks, and perceptions made regarding the Project Administrator were included in order to preserve the integrity of the research process.

Collaboration Office Characteristics

Interviewees expressed strong support for the role that the Collaboration Office played in its role of developing and strengthening collaborative networks among families, the advisory council, and regional and state offices. They praised the leadership of Linda Rorman consistently; the role she played appears to be instrumental in many of the positive outcomes of the Collaboration Office. In particular, the favorable leadership outcomes included: (a) the ability to articulate the role to higher education; (b) the flexibility of the role behaviors; (c) the accessing of funds; (d) the ability to collaborate; (e) facilitating and clarifying positions, which is instrumental in eliminating barriers; (f) providing mentorship through locating needed information and providing awareness of current activities at the state level; and (g) providing a coordination with the advisory board. Linda's personal characteristics were frequently noted as elements in the successful collaboration. She presents herself as approachable, available, willing to listen, gives straightforward and unbiased information, and is accommodating and responsive to requests.

Collaboration Office Roles

The leadership roles play an important part of the Collaboration Office's outcomes. The most prominent role that came up in the interviews was one of liaison. This included outreach to early childhood care providers, state, federal, and local agencies, other groups, agencies, and organizations interested in early childhood education in the state, committees, and parents. The liaison role is played in face-to-face meetings, through various local coordinators, and through an extensive e-mail network.

The participants in the liaison relationship commented that under Linda's leadership, many diverse groups and agencies have been brought together to work for a common goal. Many had never worked together before she began her duties. The liaison provides individuals with services, financial support, time investment, and other helpful resources. A participant in the early childhood education network commented that the Collaboration Office is "the only thing that's unifying early childhood education in the state."

Linda's liaison work with various Native American tribes was important in starting early childhood development programs in tribal communities. In a focus group meeting at White Shield, for example, respondents noted Linda acts as a "resource, recruiter, and policy and procedures maker." The group described how Linda's leadership had improved tribal relations and has given them a great deal of information on services and agencies to contact for assistance. Members stated that tribal Head Start centers conduct testing programs as a transition between Head Start and kindergarten.

Collaboration Office Advisory Committee Role

Interviewees indicated that the advisory committee played an important role in identifying the needs of the target population, coordinating information, and providing structures for collaboration. Interviewees likewise stated the Collaboration Office provided a bridge to communication among various offices and vital links to parents and Head Start programs. The director of the Collaboration Office plays a catalytic or enabling role as well. Respondents pointed out that they feel comfortable with calling other offices to enhance relations and have "greater familiarity with grantees and state entities" under Linda's guidance.

Products and Services of the Collaboration Office

A significant outcome of the Collaboration Office is the services or outcomes it provides for encouraging collaboration between early childhood agencies and services. A frequent response was the success of various health care initiatives the Collaboration Office has supported or participated in, such as the Healthy North Dakota Initiative. One respondent remarked:

"The Healthy North Dakota Initiative affects all the early childhood programs and gets them up to collaboration. It is by far the most important thing that has been accomplished."

The Collaboration Office provides resources for educating early childhood care providers and families. It funds a professional development plan and continues to provide seed money to initiate continuous professional development. The Collaboration Office was also instrumental in bringing stakeholders together to work out the issues to hire consultants to write standards for early childhood education. The Collaboration Office sponsored a fatherhood summit to discuss the issues in fatherhood.

The Collaboration Office hosted North Dakota Quality in Liking Together (NDQUILT), a quarterly meeting that was the predecessor to the ND Head Start Collaboration Office Advisory Committee. One QUILT participant noted, "I think the meetings have a tremendous value but I hope the new group will be able to hold talking down and have a greater sense of accomplishment."

Hopes and Wishes for Collaboration Office

The need for high-level support for the Collaboration Office surfaced throughout the interviews. Some areas where interviewees believe change should occur included a concern that the state did not emphasize Head Start programs as much as it should.

Responses indicated some confusion regarding the Collaboration Office's responsibilities and scope. For instance, one respondent suggested that the Collaboration Office continue local Head Start testing but eliminate national testing for Head Start students. Other interviewees suggested that Head Start programs be opened to all children, not just those from low-income families.

An official from a higher education office stated, "We should work on licensing and educating people on...the need for training and accountability...we have a gap [in] the care of infants and toddlers." Another respondent said that the state should make training a priority for early childhood education staff and connect all agencies associated with this area to the Collaboration Office. One respondent commented:

"Early childhood is simply not a priority for North Dakota legislators. We don't even have kindergarten mandated, so you can get a sense of how important they see early learning is...I think that education should be one of the main thrusts—at the state level, certainly, but primarily at the legislative level so that legislators can begin to see early childhood education a priority."

Another added, "The most important success is having Head Start a presence at the state level—having a person who can be connected and Head Start perspectives readily available and easily accessible." Another interviewee added the wish that the Collaboration Office be moved out of "being buried in Social Services," and noted, "It provides a strong grass roots advocacy for parents."

Summary of Interview Comments

Collaboration Office Characteristics

1. Articulates role to higher education
2. Flexibility of role
3. Approachable/available
4. Willing to listen
5. Accessible
6. Accommodating
7. Not biased
8. Responsive
9. Gives straight answers
10. Create collaboration where others can't
11. Participates
12. Even temper serves her well
13. Team player
14. Linda has done a fantastic job-I don't know how she does it.

Collaboration Office Roles

Liaison

15. Participates in state meetings
16. Coordinates role of advisory committee
17. Raises arguments and discussions: sometimes, things don't get done
18. Open to regional differences
19. Plays vital role with local community and state with openness
20. Established extensive e-mail network to keep everyone apprised of everything going on—from dollars to events to resources to state policies
21. Attends every meeting having to do with early childhood education in state
22. Sits on several tribal committees and councils and coordinates accessible information
23. Collaboration has supported us financially and timewise
24. Collaboration is happening at all levels in the state
25. Played major role in Initiative with Health Department covering physical, emotional, and behavioral health of early childhood
26. Major part of child mental health-making voices of the children heard
27. Developed extensive e-mail network
28. Keeps apprised of dollars spent and resources
29. Networks with state agencies
30. Brings right people together to work
31. Linda has agencies working together for the common good
32. She works through the tribal coordinators at White Shield—is a resource, recruiter, and policy and procedures maker
33. We don't know specifically what effect the office has, but the results have been positive [for the tribes].
34. Keeps everyone up to date

Catalyst

35. Linda knows the programs at higher education and state and local levels; she knows when they should be brought together
36. We have gotten comfortable with calling other offices to enhance relations
37. We have gained familiarity with grantees and state entities
38. Facilitates/clarifies-catalyst in eliminating barriers

Mentor

39. Provides awareness of state workshops
40. Awareness of what is going on
41. Contact for funding information

Role of Advisory Committee

42. Provides structure
43. Opportunity to collaborate
44. Identification of needs of population
45. Coordination important

Need for Collaboration Office

46. Builds communication among offices, which can't or won't; they fight for funds
47. Provides connections with parents and Head Start programs
48. Develops familiarity with grantees and state entities
49. Helps find funding resources and is communication resource for needed services
50. Helps stay on top of things and is pushing for state certification of early childhood teachers
51. Instrumental in helping tribes establish Head Start programs, which would not have happened without [Linda's] involvement
52. Brings groups together that have never worked together before
53. Provides information about what services are out there
54. [From higher education coordinator:] We have had contact with the office mainly through field placements and local Head Starts. I have served with Linda on the Healthy North Dakota Initiative.
55. The office is the only thing that is unifying early childhood services in the state.
56. We see the success that happens within and as a result of the committee work the Collaboration Office does.

Success of the Collaboration Office

57. Funding for professional development plan
58. Supports different entities with funds
59. It's by far the most open and has the best communication of the government entities
60. The Healthy Dakota Initiative affects almost all the early childhood programs and sets them up to collaborate. It is by far the most important thing that's been accomplished
61. Writing standards for early childhood
62. Tier systems use higher education course numbers
63. Common syllabus culminating in common indicators
64. Serves underserved communities
65. Coordinated dental health summit
66. Generated dental/medical reimbursement
67. Included fatherhood component
68. Healthy relationship initiatives
69. Health care is the most important concern
70. Greatest success is in health care
71. The office also gets people together to develop better understanding
72. It promotes the best interests of children and families
73. Improved tribal relations; Linda sits on several committees and coordinates services and agencies
74. Tribes conduct testing programs as a transition between Head Start and kindergarten
75. Linda's involvement with tribal members has helped them establish Head Start programs; without her, it wouldn't have happened
76. The office has supported our organization financially and with a healthy amount of time investment
77. Linda has done an exceptional job, particularly with DPI in the reading and writing programs
78. The Collaboration office has had a tremendous accomplishment working in the field: preschools, daycare, and people out in the field of early childhood
79. The Collaboration Office hosted and held quarterly meetings called QUILT. Now, another group has been set up to replace QUILT. I think the meetings have a

tremendous value and I hope that the new group will be able to hold its talking down and have a greater sense of accomplishment.

Wishes for the Collaboration Office

80. State should emphasize Head Start
81. Office of collaboration doesn't deliver specific service to children and families
82. Should continue testing
83. Should not continue national testing (it doesn't provide true evaluation of child)
84. Should keep high level of visibility in state
85. Should be recognized as authority and has power
86. Difficulties with increasing services while funding is being decreased; especially important to have office in centralized role
87. Retain emphasis on Healthy North Dakota Initiative
88. Don't drop Collaboration Office concept-the Collaboration Office has made huge difference for children and families
89. Continue to provide seed money to get professional development plan working
90. The Collaboration Office needs to be more visible to the legislature. I'd like to see the Collaboration Office moved out of being buried in Social Services. It provides a strong grass roots advocacy for parents
91. We in North Dakota are not into the delivery aspect of health—that's in Human Services—but we do the preventative end of health care. We were asked by the governor to link between to be sure that collaboration efforts are working and expanding
92. Early childhood focus should be consistent
93. Early childhood education standards
94. Make the Collaboration Office part of statewide priorities. Unfortunately, it has tried, but has not been as successful, in making inroads in education. Early education is simply not a priority for North Dakota legislators. We don't even have kindergarten mandated, so you get a sense of how important they see early learning is...I think that education should be given one of the main thrusts—at the state level, certainly, but primarily at the legislative level so that legislators can begin to see early childhood education as a priority
95. The most important success is having Head Start a presence at the state level—a person who can be connected and Head Start perspectives readily available and easily accessible
96. The state should make a priority to train for early childhood education staff
97. The state should connect all early childhood agencies with the Office of Collaboration
98. The office should continue to emphasize health care issues
99. Promote regular management and committee communications
100. The office should increase potential Head Start Extended days
101. The office should work on licensing and educating people on the need for training and accountability. We have a gap in the care of infants and toddlers

Section 6: Results from Statewide Web-based Questionnaire

The web-based questionnaire was piloted at a Head Start Association meeting held at Mayville State University. Head Start Association members attending the session completed the questionnaire (See Section 4) and provided feedback. The Group Decision Center (at North Dakota State University) was chosen as the professional electronically-based dissemination and collection point for the instrument. Potential participants were notified via email that a web-based questionnaire would be available until February 18, 2005. The data electronically collected was collated by the Group Decision Center.

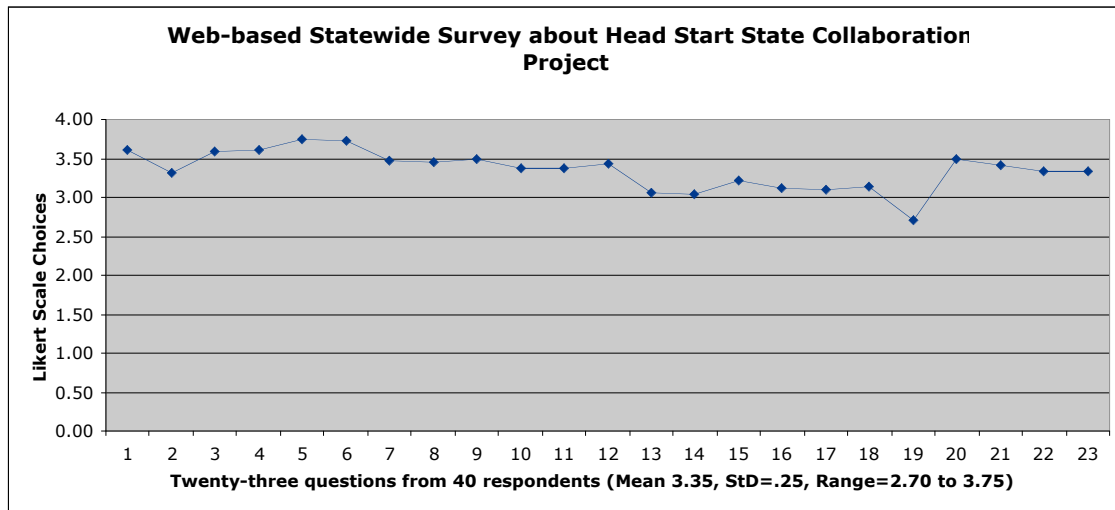
The Group Decision Center is located at 331 Memorial Union on the North Dakota State University campus. The Center is under the direction of Lisa Nordick, who is the Director of NDSU Continuing Education. Linda Charlton, administrative assistant, helped the Evaluation team-leader set up and conduct the web-based online survey.

The Group Decision Center utilizes GroupSystems, team productivity software that is field-tested and research-proven in collaboration modules for specific solutions. Initiated by IBM and the University of Arizona fifteen years ago, GroupSystems is the largest installed client base in the team decision-making market. For further information see <http://www.groupsystems.com/page.php>.

Of the potential participants contacted, 40 people responded to the Internet web-based questionnaire that was available online during the first two weeks of February 2005 (See Section 6). The return rate was 42% from a total of 96 who were sent an e-mail message inviting them to participate in the evaluation.

This data is detailed with descriptive statistics and shown on the charts in Section 6. The following chart graphically illustrates the mean range of the responses, indicating the extent to which there is close agreement because the standard deviation (STD = .25) is small with a range (2.7 to 3.75) that barely exceeds on a point centered on a mean (average) of 3.35.

Graph B.



The following narrative analyzes these responses using the quantitative information gathered from the web site survey statistical program (as shown on the charts in section 6). These survey questions were also ranked with a total score. For example, Question 5 received the highest score of 150, whereas the lowest score recorded was Question 19 with a total of 88. A chart could also be made showing these total scores that would illustrate the exact mean-based pattern shown above on Graph B.

Identification of the response pattern was based on quantitative indicators:

The graphic in Graph B above shows that question 19 has a mean of 2.70, which is the lowest of all 23 questions. Chart 19 shown in Section 6 shows this question received a total score of 89; that is also the lowest score of all 23 questions. These two indicators illustrate how respondents collectively perceive this item. Ranked the lowest, it therefore has the greatest need for improvement for the Collaboration project. By combining the 15 percent (6 respondents) agreed “a great deal” and the 45 percent (18 respondents) for “somewhat,” an agreement of 50 percent is construed for this item.

The graph on the next page compiles the data from the survey charts and shows how these questions were ordered (ranked). It shows how question 19 was the one of most concern.

Graph C. Rank Order Survey Results (descending order).

Question	AG	S	VL	N	Mean	NA	Total
19	6 15%	18 45%	5 13%	1 3%	2.70	3	89
14	18 45%	7 18%	2 5%	0 0%	3.03	5	97
13	17 43%	8 20%	3 8%	0 0%	3.06	4	98
18	9 23%	19 48%	3 8%	1 3%	3.13	0	100
17	13 33%	14 35%	3 8%	2 5%	3.09	1	102
<u>16</u>	<u>10 25%</u>	<u>20 50%</u>	<u>1 3%</u>	<u>1 3%</u>	<u>3.12</u>	<u>1</u>	<u>103</u>
15	14 35%	18 45%	2 5%	2 5%	3.22	0	116
11	19 48%	13 33%	1 3%	1 3%	3.37	1	118
2	17 43%	16 40%	3 8%	1 3%	3.32	0	123
12	22 55%	10 25%	3 8%	0 0%	3.44	1	124
10	18 45%	15 38%	4 10%	0 0%	3.38	0	125
7	20 50%	13 33%	3 8%	0 0%	3.47	0	125
<u>21</u>	<u>23 58%</u>	<u>8 20%</u>	<u>5 13%</u>	<u>0 0%</u>	<u>3.41</u>	<u>1</u>	<u>126</u>
3	22 55%	13 33%	1 3%	0 0%	3.58	0	129
9	22 55%	11 28%	4 10%	0 0%	3.49	0	129
22	21 53%	12 30%	5 13%	0 0%	3.33	1	130
23	21 53%	13 33%	3 8%	1 3%	3.33	1	130
<u>20</u>	<u>26 65%</u>	<u>8 20%</u>	<u>4 10%</u>	<u>0 0%</u>	<u>3.49</u>	<u>1</u>	<u>136</u>
8	24 60%	12 30%	3 8%	0 0%	3.45	1	138
1	27 68%	10 25%	3 8%	0 0%	3.60	0	144
4	28 70%	8 20%	4 10%	0 0%	3.60	0	144
6	29 73%	9 23%	1 3%	0 0%	3.72	0	145
<u>5</u>	<u>33 83%</u>	<u>6 15%</u>	<u>0 0%</u>	<u>0 0%</u>	<u>3.75</u>	<u>1</u>	<u>150</u>
Mean	20	12			3.351	0.957	
StDev	6.6	4	13	1	0.25	1.33	

These statistical indicators show how the majority of respondents tend to score high. But, this ranking data supports the findings that choices of 4 and 3 indicate agreement for the item, whereas choices 2 and 1 are interpreted as not agreeing with the item. This ranked-ordered pattern provides a rationale that is used to provide the following analysis that is separated into the following four groups:

- A. Areas most in need of involvement
- B. Areas moderately in need of involvement
- C. Areas moderately approved for involvement
- D. Areas receiving greatest approval for involvement

Analysis of Survey Data by Ranking in 4 Groups

A. Areas most in need of involvement (See charts or questions 19, 14, 13, 18, 17, and 16):

Half of the respondents either agree somewhat (18) or a great deal (6) that there is a need for the Project to help improve the access to mental health care services for low-income families in North Dakota. Likewise, 25 (or 52%) perceive there is a need to support and promote high-quality care for all children with and without disabilities in tribal Head Start programs, childcare, and educational agencies.

Respondents indicated that the Collaboration needs to help improve the access to nutrition services (71%), dental services (68%), and health-tracking services (75%) for low-income families in North Dakota.

B. Areas moderately in need of involvement (See charts or questions 15, 11, 2, 12, 10, 7, and 21):

There is a need to help improve the access to health services for low-income families in North Dakota. Respondents indicated the project should support and promote high-quality care for children with disabilities in Head Start programs, childcare, and educational agencies. There should be increased involvement to help improve child and family access to different types of early childhood services.

The Collaboration Office could further promote high-quality care for children without disabilities in Head Start programs, childcare, and educational agencies. The respondents are evenly divided as to whether the Collaboration Office should do more to help integrate additional programs that serve children and families into the working network for early childhood support and collaboration. Likewise, in regard to supporting Head Start's involvement in State decisions affecting low-income families, respondents are divided.

There is a mixed message regarding the expanded public awareness to educate public officials, business leaders, and the public in the educational benefits of Head Start/Early Head Start. Although five (13%) respondents appear to be few in terms of number of responses, this particular item received the most in the "very little" category and a higher in the "a great deal" category. Therefore, expanding public awareness should be given serious consideration.

C. Areas moderately approved for involvement (See charts or questions 3, 9, 22, 23, and 20):

The Collaboration effort is perceived to have enhanced support for low-income children and helped unify existing programs that serve children and families. The respondents indicate the project has expanded public awareness to educate public officials, business leaders, and the public in the economic benefits of Head Start/Early Head Start. This also includes quality care of Head Start/Early Head Start as well as the social benefits of Head Start/Early Head Start.

D. Areas receiving greatest approval for involvement (See charts or questions 8, 1, 4, 6, and 5):

There is agreement among respondents (72%) that the Collaboration project has been proficient in facilitating a coordinated approach to planning and service delivery for areas identified as "priority." These areas identified as "priority" include childcare, welfare, health, education, service, literacy, disabilities, and homelessness.

Respondents (93%) are confident that this project has helped strengthen collaboration between different types of early childhood services. They (90%) also indicate the project has been successful in encouraging collaboration between Head Start and other early childhood programs and services.

Eighty-one percent of the respondents (38) agree that the Office has supported Head Start's involvement in State initiatives on behalf of children and their families. The highest perception (98%) of the respondents (39) believe that the Head Start-State Collaboration Office has supported Head Start's involvement in State initiatives on behalf of children and their families.

Legend or Key to understanding the survey results illustrated from page 37 to 56:

- A) The ballot is the question asked in the web page. The method refers to the computer program and "allow bypass" refers how the computer gives respondent ability to not answer the question. The description explains the five choices each applicants can use to answer the question and the number assigned to each answer from 4 to 1 for each of these choices which are AG meaning A great deal (4 points); S meaning Somewhat (3 points); VL meaning Very little (2 points); N meaning Not at all (1 point); and NA meaning Not Applicable (no points).
- B) The spread refers to the number of responses for these respondent choices number from 4 to 1. These numbers are the information used for each Chart. The statistics are descriptive. Total score is obtained by adding of all these numbered choices for each question. **(See Graph C page 34 to see how total score is used to rank the questions.)** (Mean is the average. Mode is the choice selected by most respondents. The high and low selections show the range as does the standard deviation (STD). This STD represents the average difference between each score and the mean. N indicates the number of respondents or the count.

Survey Results

1. Helped strengthen collaboration between different types of early childhood services

A) Ballot

Method: Custom Method

Options: Allow Bypass

Descriptions: AG-A great deal S-Somewhat VL-Very little N-Not at all NA-Not Applicable

B) Results Spread

Choices	Count
AG(4)	27
S(3)	10
VL(2)	3
N(1)	0
NA(0)	0

Statistics

Total 144

Mean AG(3.60)

Mode AG

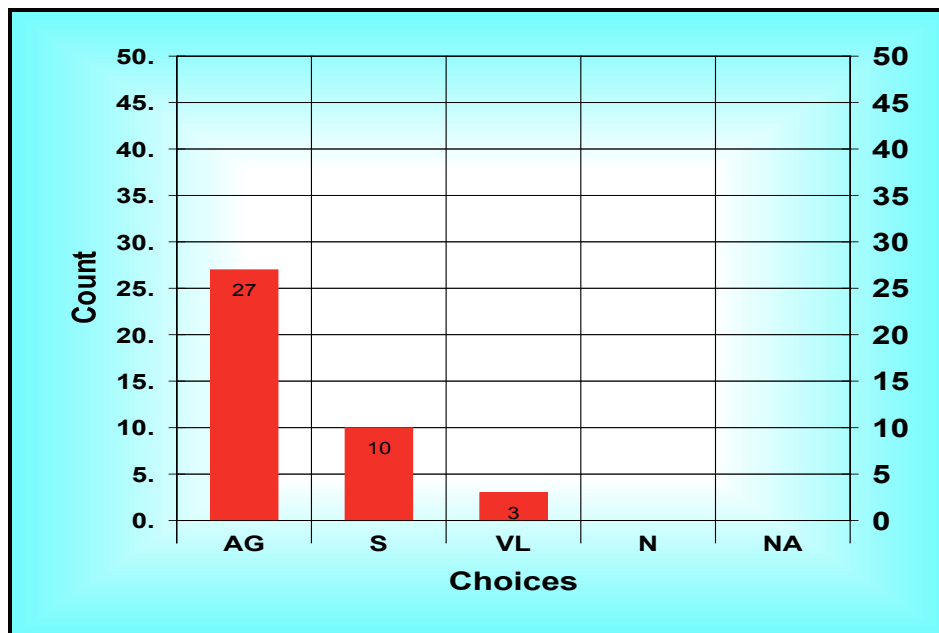
High AG

Low VL

STD 0.63

N 40

n 40 **Results Chart 1**



2. Helped improve children and family access to different types of early childhood services

A) Ballot

Method: Custom Method

Options: Allow Bypass

Descriptions: AG-A great deal S-Somewhat VL-Very little N-Not at all NA-Not Applicable

B) Results Spread

Choices	Count
AG(4)	17
S(3)	16
VL(2)	3
N(1)	1
NA(0)	0

Statistics

Total 123

Mean S(3.32)

Mode AG

High AG

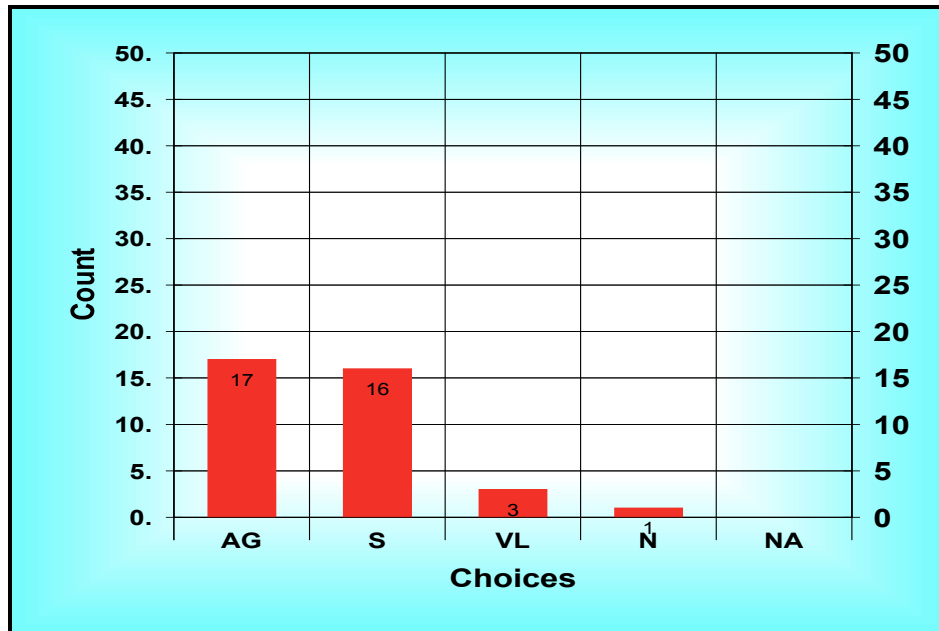
Low N

STD 0.75

N 40

n 37

Results Chart 2



3. Enhanced support for low-income children

A) Ballot

Method: Custom Method

Options: Allow Bypass

Descriptions: AG-A great deal S-Somewhat VL-Very little N-Not at all NA-Not Applicable

B) Results Spread

Choices	Count
AG(4)	22
S(3)	13
VL(2)	1
N(1)	0
NA(0)	0

Statistics

Total 129

Mean AG(3.58)

Mode AG

High AG

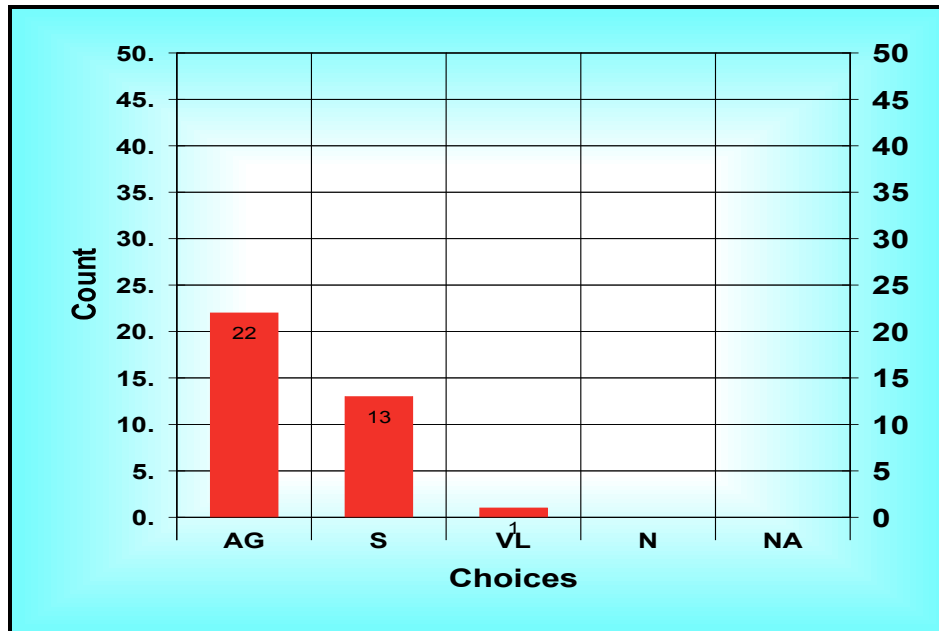
Low VL

STD 0.55

N 40

n 36

Results Chart 3



4. Encouraged collaboration between Head Start and other early childhood programs and services

A) Ballot

Method: Custom Method

Options: Allow Bypass

Descriptions: AG-A great deal S-Somewhat VL-Very little N-Not at all NA-Not Applicable

B) Results Spread

Choices	Count
AG(4)	28
S(3)	8
VL(2)	4
N(1)	0
NA(0)	0

Statistics

Total 144

Mean AG(3.60)

Mode AG

High AG

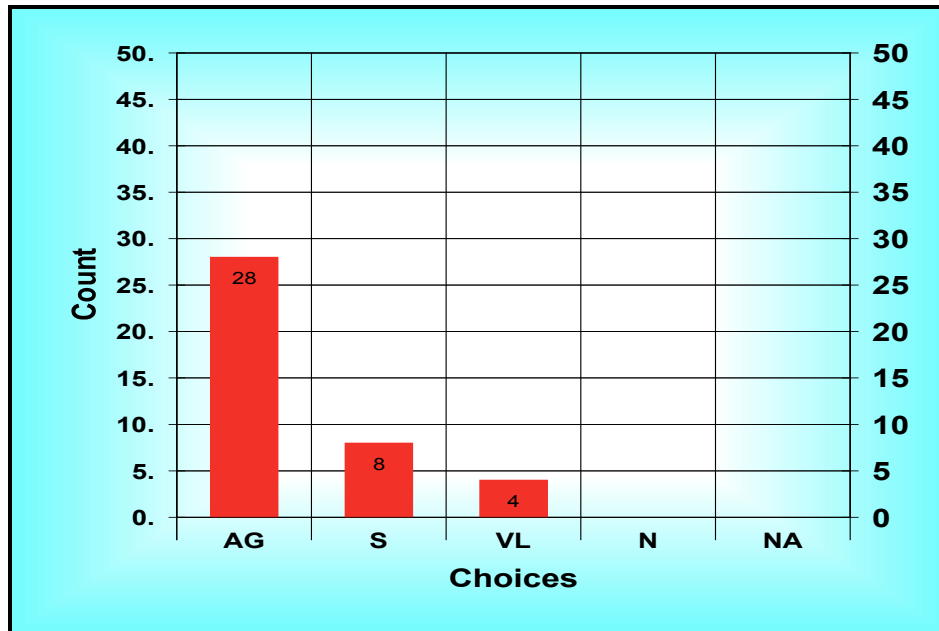
Low VL

STD 0.67

N 40

n 40

Results Chart 4



5. Supported Head Start's involvement in State initiatives on behalf of children and their families

A) Ballot

Method: Custom Method

Options: Allow Bypass

Descriptions: AG-A great deal S-Somewhat VL-Very little N-Not at all NA-Not Applicable

B) Results Spread

Choices	Count
AG(4)	33
S(3)	6
VL(2)	0
N(1)	0
NA(0)	1

Statistics

Total 150

Mean AG(3.75)

Mode AG

High AG

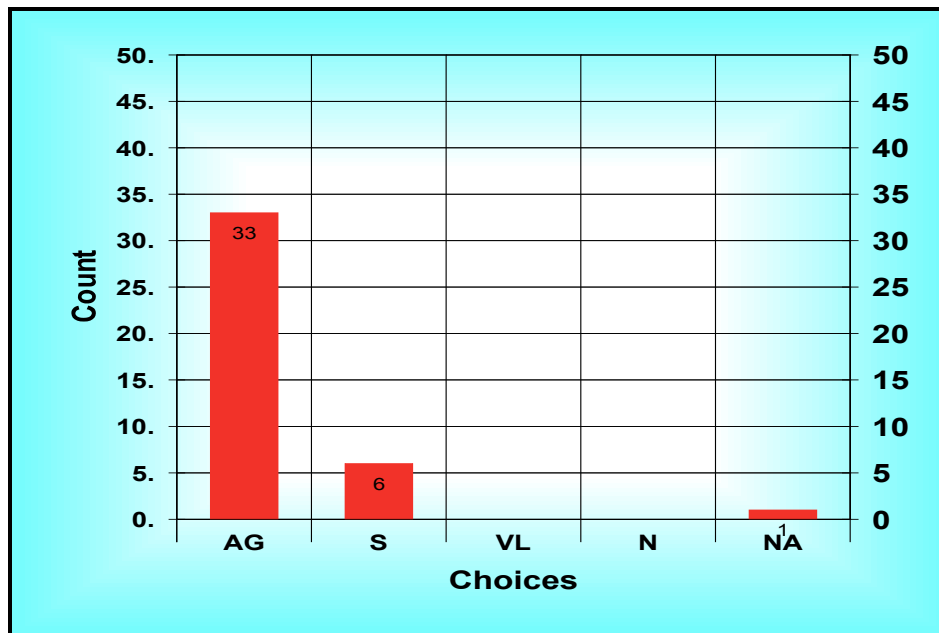
Low NA

STD 0.71

N 40

n 40

Results Chart 5



6. Supported Head Start's involvement in State policies, plans, and processes that affect low-income families

A) Ballot

Method: Custom Method

Options: Allow Bypass

Descriptions: AG-A great deal S-Somewhat VL-Very little N-Not at all NA-Not Applicable

B) Results Spread

Choices	Count
AG(4)	29
S(3)	9
VL(2)	1
N(1)	0
NA(0)	0

Statistics

Total 145

Mean AG(3.72)

Mode AG

High AG

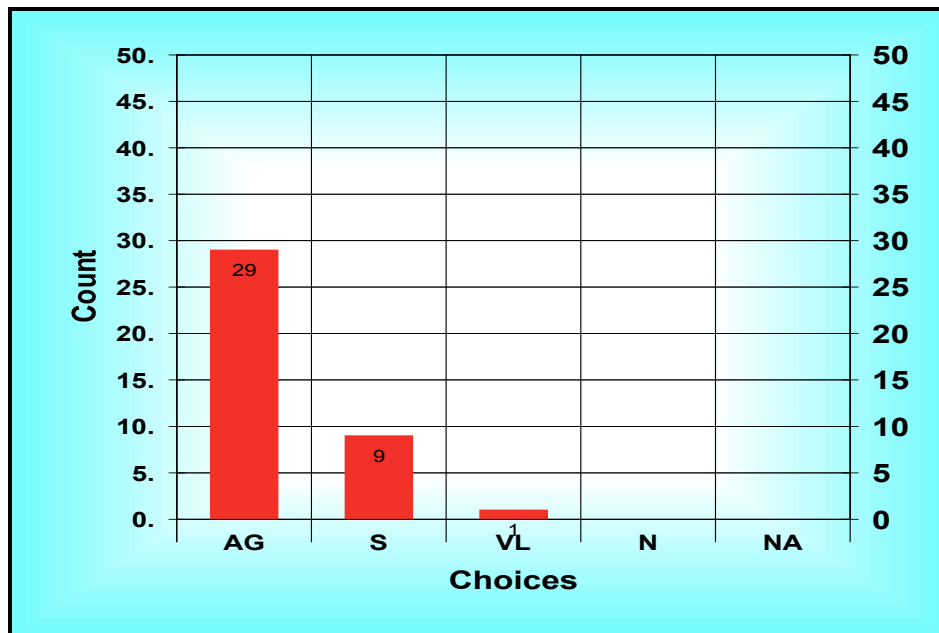
Low VL

STD 0.51

N 40

n 39

Results Chart 6



7. Supported Head Start's involvement in State decisions affecting low-income families

A) Ballot

Method: Custom Method

Options: Allow Bypass

Descriptions: AG-A great deal S-Somewhat VL-Very little N-Not at all NA-Not Applicable

B) Results Spread

Choices	Count
AG(4)	20
S(3)	13
VL(2)	3
N(1)	0
NA(0)	0

Statistics

Total 125

Mean S(3.47)

Mode AG

High AG

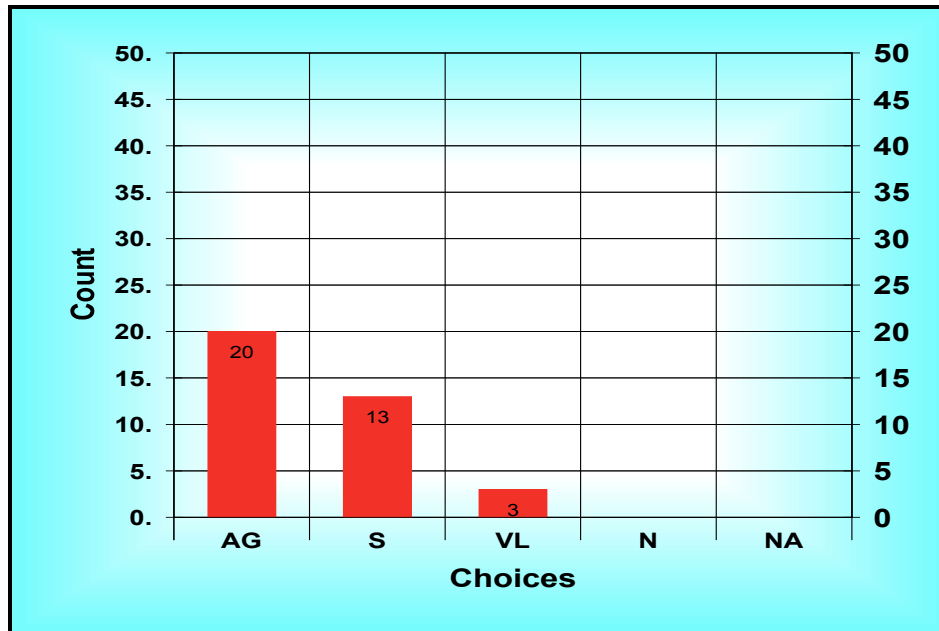
Low VL

STD 0.65

N 40

n 36

Results Chart 7



8. Facilitated a coordinated approach to planning and service delivery for areas identified as "priority" -Areas identified as "priority" include child care, welfare, health, education, service, literacy, disabilities, and homelessness.

A) Ballot

Method: Custom Method

Options: Allow Bypass

Descriptions: AG-A great deal S-Somewhat VL-Very little N-Not at all NA-Not Applicable

B) Results Spread

Choices	Count
AG(4)	24
S(3)	12
VL(2)	3
N(1)	0
NA(0)	1

Statistics

Total 138

Mean S(3.45)

Mode AG

High AG

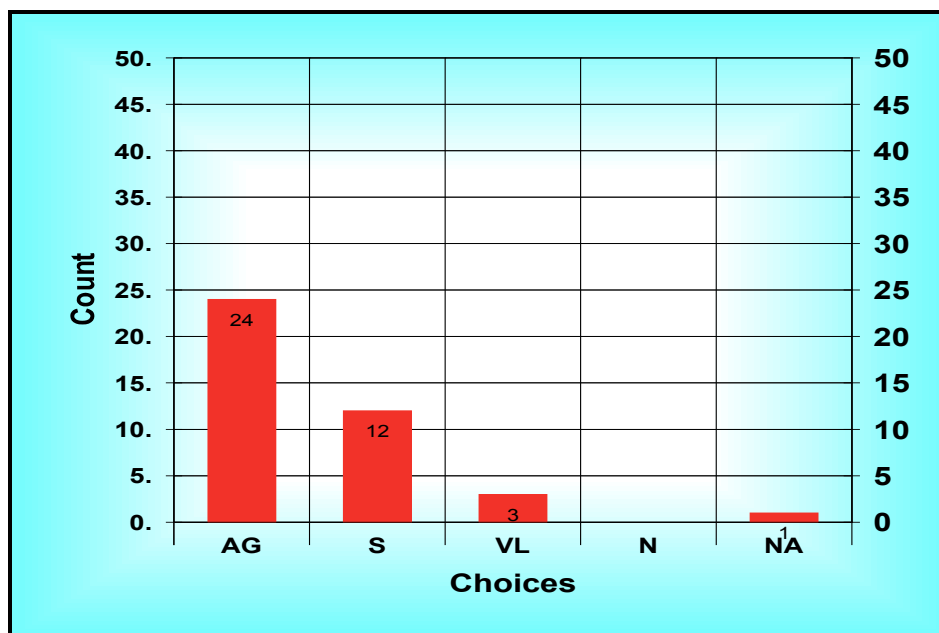
Low NA

STD 0.85

N 40

n 40

Results Chart 8



9. Helped unify existing programs that serve children and families

A) Ballot

Method: Custom Method

Options: Allow Bypass

Descriptions: AG-A great deal S-Somewhat VL-Very little N-Not at all NA-Not Applicable

B) Results Spread

Choices	Count
AG(4)	22
S(3)	11
VL(2)	4
N(1)	0
NA(0)	0

Statistics

Total 129

Mean S(3.49)

Mode AG

High AG

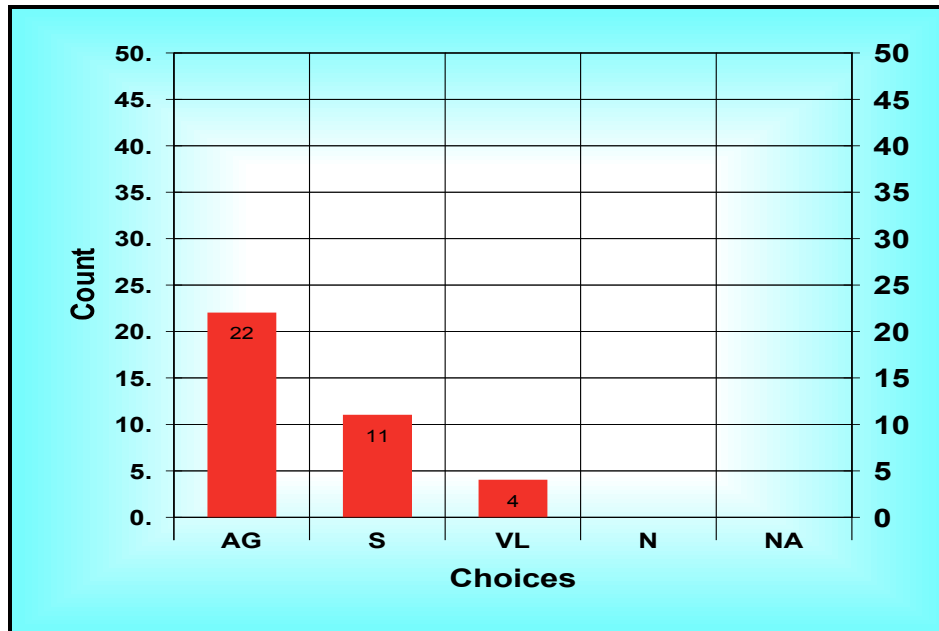
Low VL

STD 0.69

N 40

n 37

Results Chart 9



10. Helped integrate additional programs that serve children and families into the working network for early childhood support and collaboration

A) Ballot

Method: Custom Method

Options: Allow Bypass

Descriptions: AG-A great deal S-Somewhat VL-Very little N-Not at all NA-Not Applicable

B) Results Spread

Choices	Count
AG(4)	18
S(3)	15
VL(2)	4
N(1)	0
NA(0)	0

Statistics

Total 125

Mean S(3.38)

Mode AG

High AG

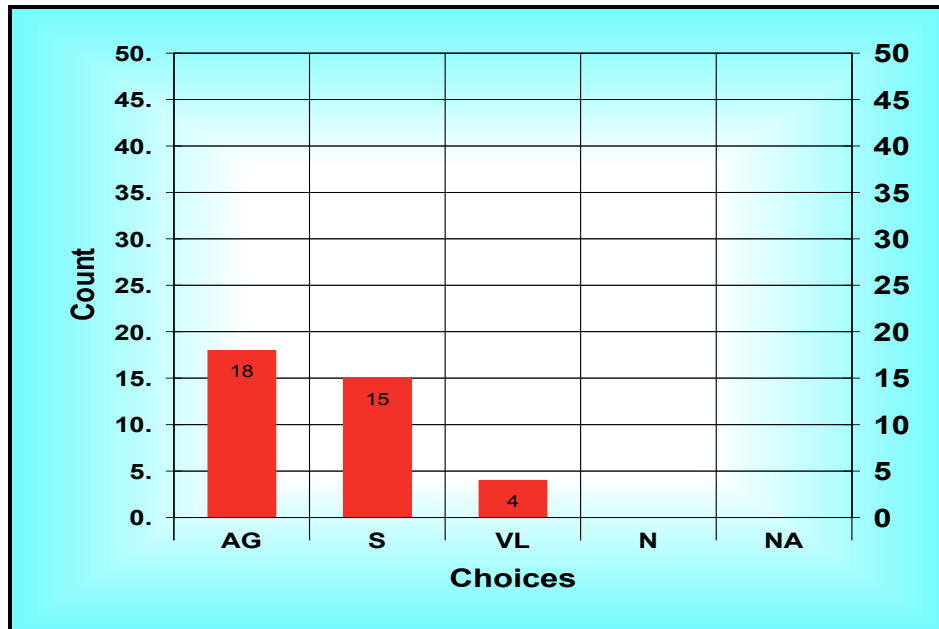
Low VL

STD 0.68

N 40

n 37

Results Chart 6



11. Supported and promoted high-quality care for children with disabilities in Head Start programs, childcare, and educational agencies

A) Ballot

Method: Custom Method

Options: Allow Bypass

Descriptions: AG-A great deal S-Somewhat VL-Very little N-Not at all NA-Not Applicable

B) Results Spread

Choices	Count
AG(4)	19
S(3)	13
VL(2)	1
N(1)	1
NA(0)	1

Statistics

Total 118

Mean S(3.37)

Mode AG

High AG

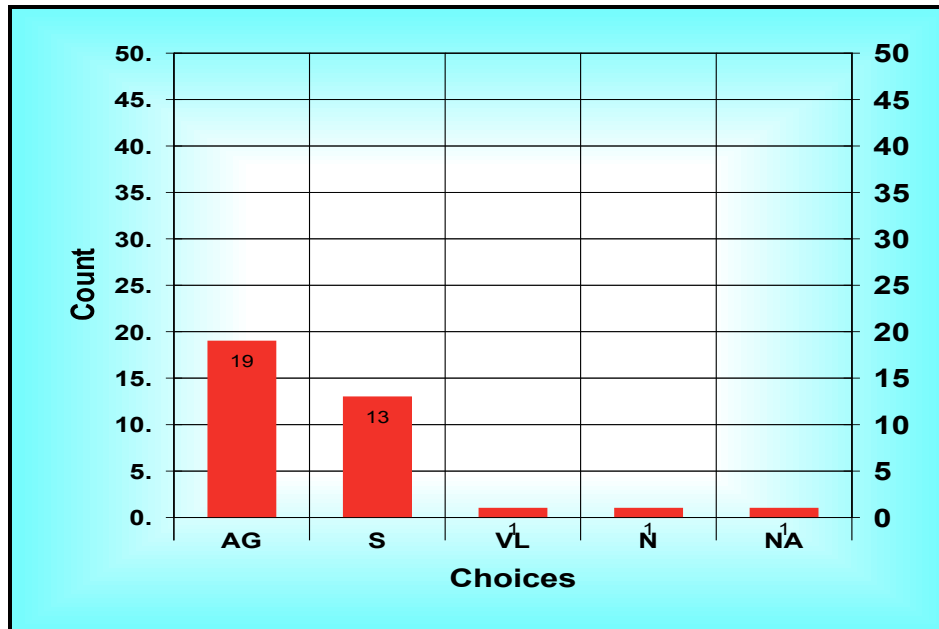
Low NA

STD 0.91

N 40

n 35

Results Chart 11



12. Supported and promoted high-quality care for children without disabilities in Head Start programs, childcare, and educational agencies

A) Ballot

Method: Custom Method

Options: Allow Bypass

Descriptions: AG-A great deal S-Somewhat VL-Very little N-Not at all NA-Not Applicable

B) Results Spread

Choices	Count
AG(4)	22
S(3)	10
VL(2)	3
N(1)	0
NA(0)	1

Statistics

Total 124

Mean S(3.44)

Mode AG

High AG

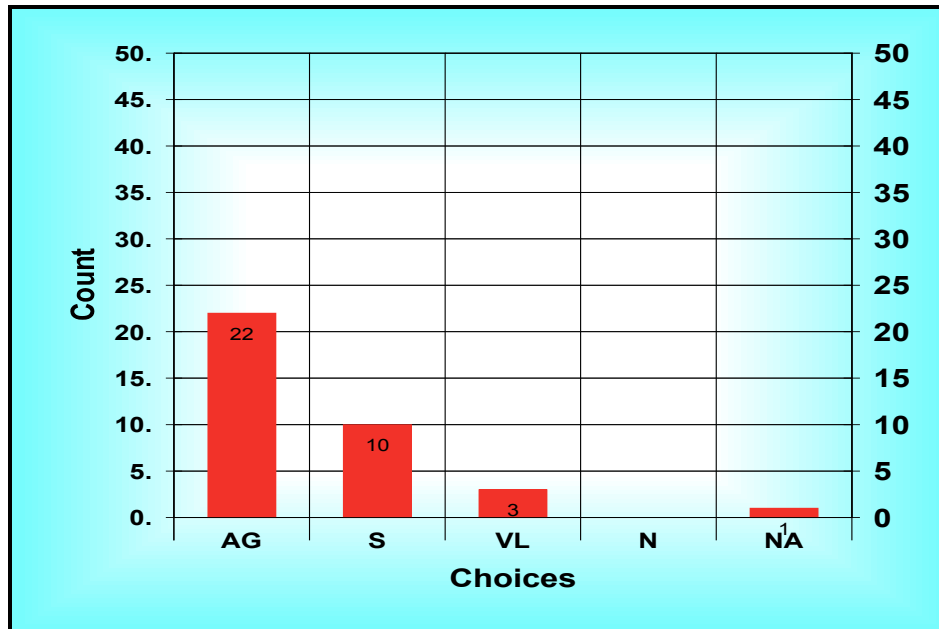
Low NA

STD 0.88

N 40

n 36

Results Chart 12



13. Supported and promoted high-quality care for all children with disabilities in tribal Head Start programs, childcare, and educational agencies

A) Ballot

Method: Custom Method

Options: Allow Bypass

Descriptions: AG-A great deal S-Somewhat VL-Very little N-Not at all NA-Not Applicable

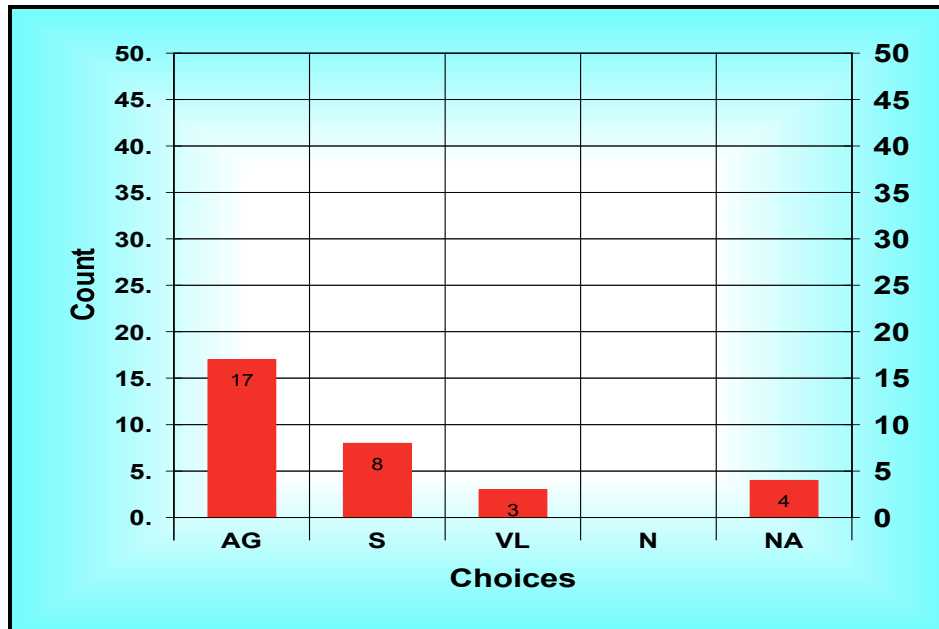
B) Results Spread

Choices	Count
AG(4)	17
S(3)	8
VL(2)	3
N(1)	0
NA(0)	4

Statistics

Total 98
Mean S(3.06)
Mode AG
High AG
Low NA
STD 1.34
N 40
n 32

Results Chart 13



14. Supported and promoted high-quality care for all children without disabilities in tribal Head Start programs, childcare, and educational agencies

A) Ballot

Method: Custom Method

Options: Allow Bypass

Descriptions: AG-A great deal S-Somewhat VL-Very little N-Not at all NA-Not Applicable

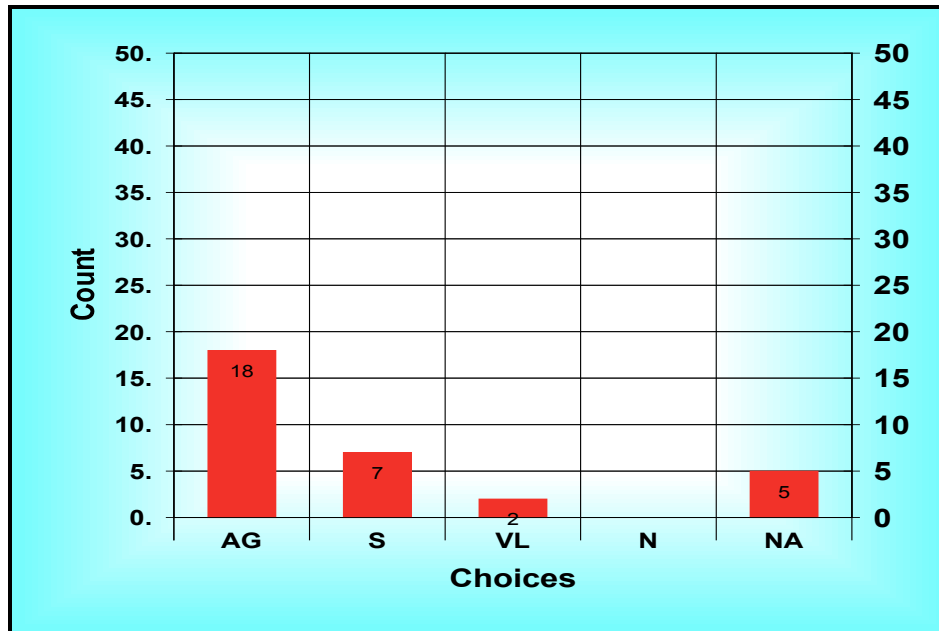
B) Results Spread

Choices	Count
AG(4)	18
S(3)	7
VL(2)	2
N(1)	0
NA(0)	5

Statistics

Total 97
Mean S(3.03)
Mode AG
High AG
Low NA
STD 1.45
N 40
n 32

Results Chart 14



15. Helped improve the access to health services for low-income families in North Dakota.

A) Ballot

Method: Custom Method

Options: Allow Bypass

Descriptions: AG-A great deal S-Somewhat VL-Very little N-Not at all NA-Not Applicable

B) Results Spread

Choices	Count
AG(4)	14
S(3)	18
VL(2)	2
N(1)	2
NA(0)	0

Statistics

Total 116

Mean S(3.22)

Mode S

High AG

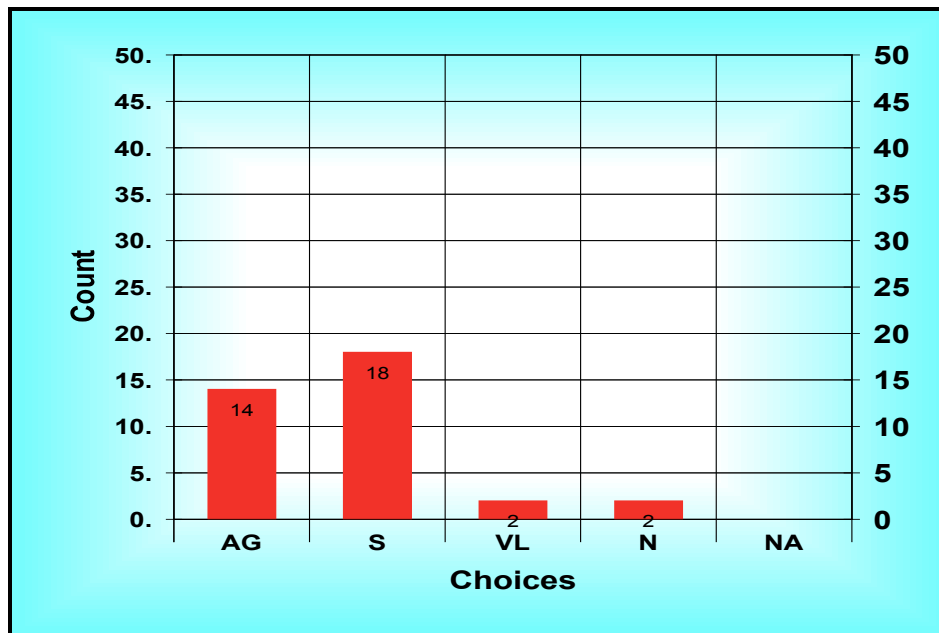
Low N

STD 0.80

N 40

n 36

Results Chart 15



16. Helped improve the access to health-tracking services for low-income families in North Dakota.

A) Ballot

Method: Custom Method

Options: Allow Bypass

Descriptions: AG-A great deal S-Somewhat VL-Very little N-Not at all NA-Not Applicable

B) Results Spread

Choices	Count
AG(4)	10
S(3)	20
VL(2)	1
N(1)	1
NA(0)	1

Statistics

Total 103

Mean S(3.12)

Mode S

High AG

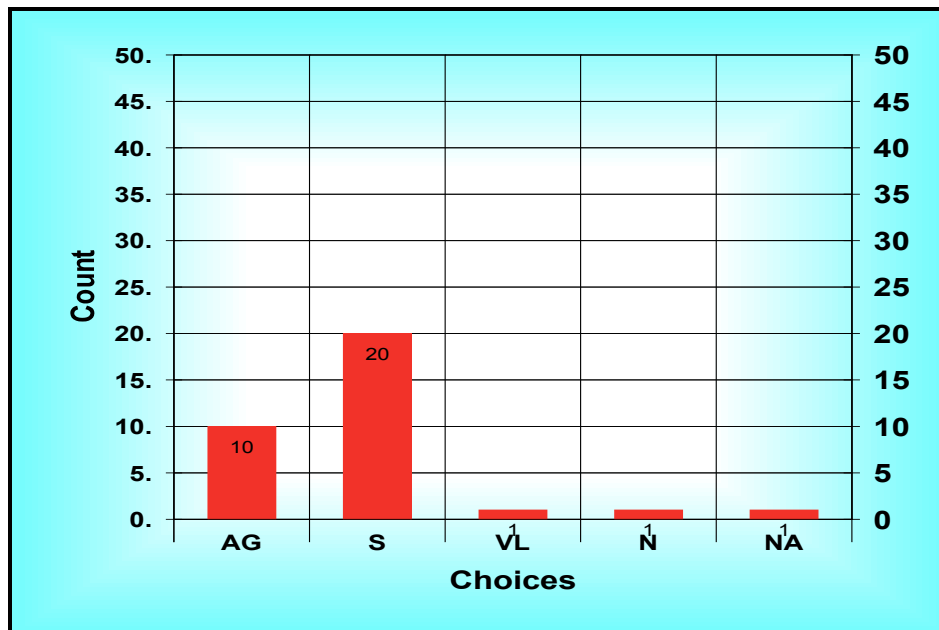
Low NA

STD 0.86

N 40

n 33

Results Chart 16



17. Helped improve the access to dental services for low-income families in North Dakota.

A) Ballot

Method: Custom Method

Options: Allow Bypass

Descriptions: AG-A great deal S-Somewhat VL-Very little N-Not at all NA-Not Applicable

B) Results Spread

Choices	Count
AG(4)	13
S(3)	14
VL(2)	3
N(1)	2
NA(0)	1

Statistics

Total 102

Mean S(3.09)

Mode S

High AG

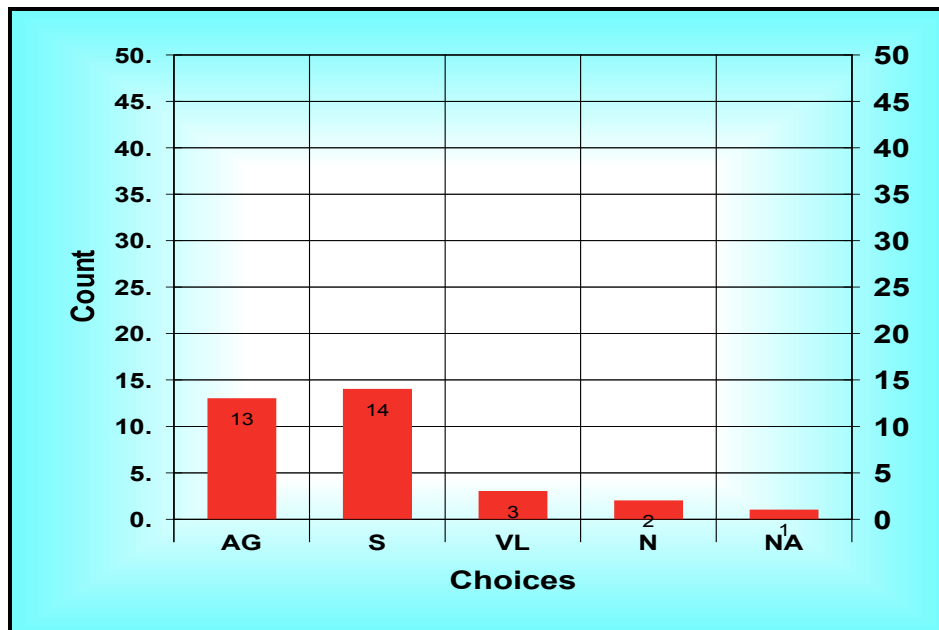
Low NA

STD 1.01

N 40

n 33

Results Chart 17



18. Helped improve the access to nutrition services for low-income families in North Dakota.

A) Ballot

Method: Custom Method

Options: Allow Bypass

Descriptions: AG-A great deal S-Somewhat VL-Very little N-Not at all NA-Not Applicable

B) Results Spread

Choices	Count
AG(4)	9
S(3)	19
VL(2)	3
N(1)	1
NA(0)	0

Statistics

Total 100

Mean S(3.13)

Mode S

High AG

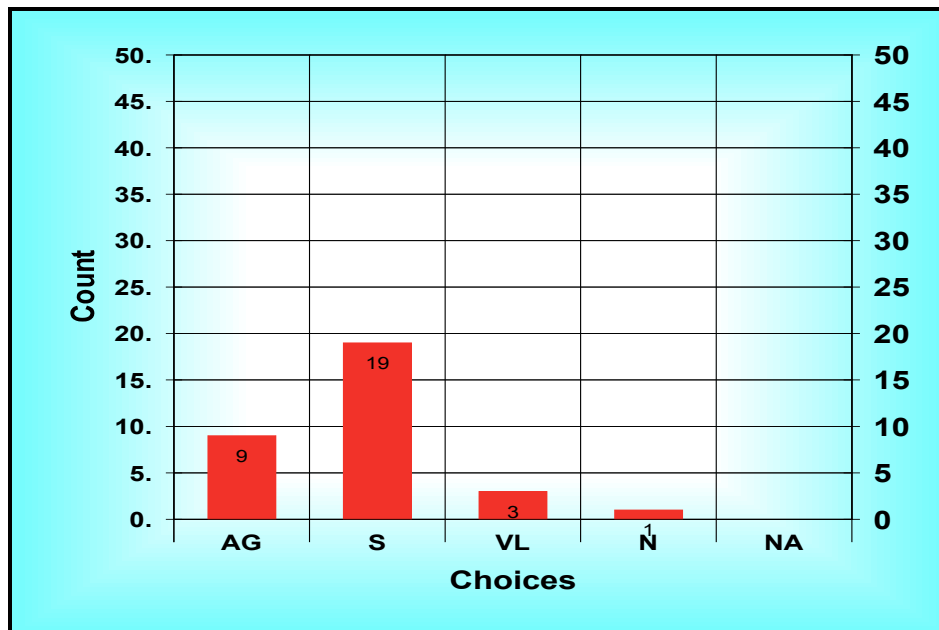
Low N

STD 0.71

N 40

n 32

Results Chart 18



19. Helped improve the access to mental health care services for low-income families in North Dakota.

A) Ballot

Method: Custom Method

Options: Allow Bypass

Descriptions: AG-A great deal S-Somewhat VL-Very little N-Not at all NA-Not Applicable

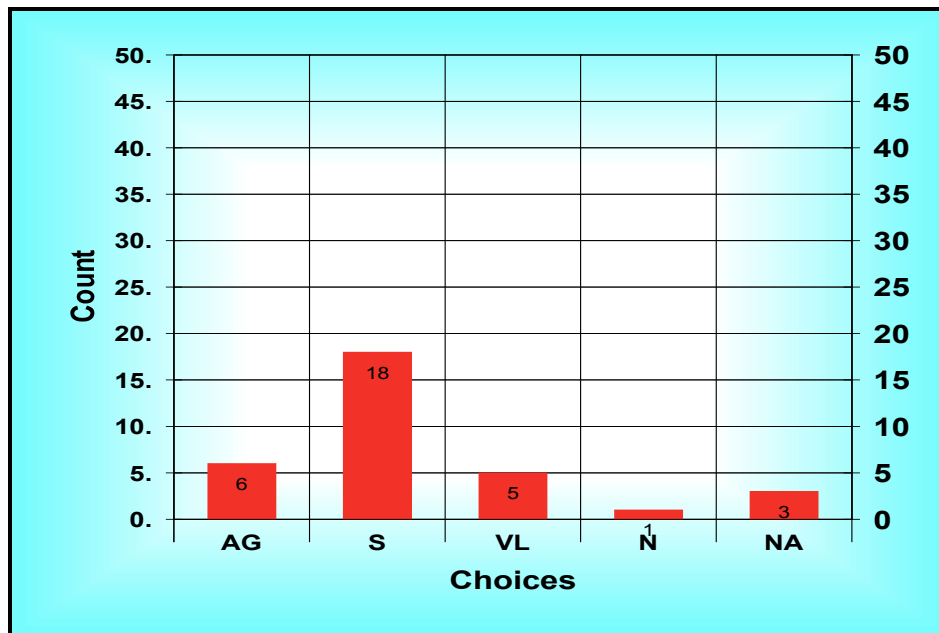
B) Results Spread

Choices	Count
AG(4)	6
S(3)	18
VL(2)	5
N(1)	1
NA(0)	3

Statistics

Total 89
Mean S(2.70)
Mode S
High AG
Low NA
STD 1.10
N 40
n 33

Results Chart 19



20. Expanded public awareness to educate public officials, business leaders, and the public in the social benefits of Head Start/Early Head Start.

A) Ballot

Method: Custom Method

Options: Allow Bypass

Descriptions: AG-A great deal S-Somewhat VL-Very little N-Not at all NA-Not Applicable

B) Results Spread

Choices	Count
AG(4)	26
S(3)	8
VL(2)	4
N(1)	0
NA(0)	1

Statistics

Total 136

Mean S(3.49)

Mode AG

High AG

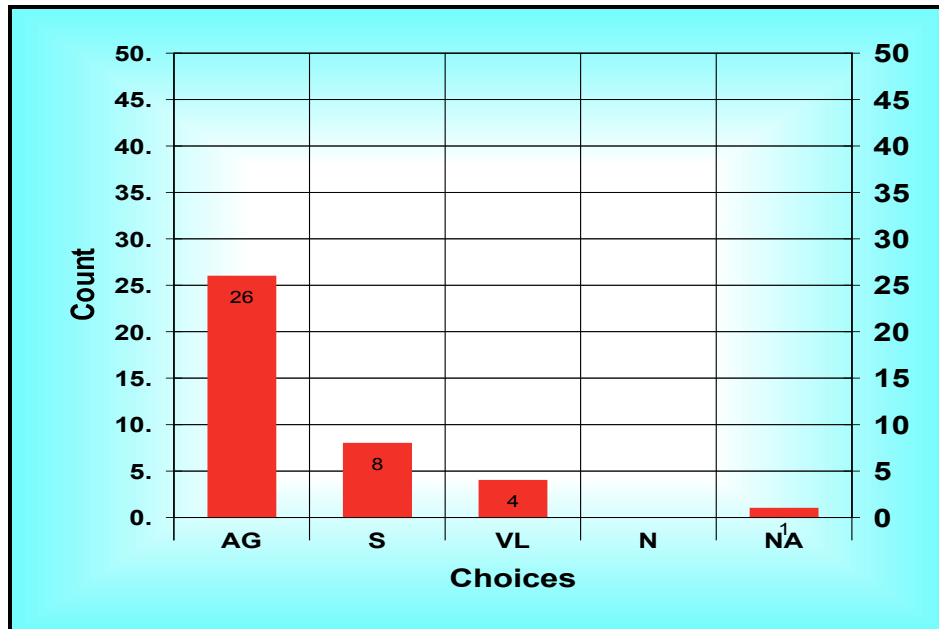
Low NA

STD 0.88

N 40

n 39

Results Chart 20



21. Expanded public awareness to educate public officials, business leaders, and the public in the educational benefits of Head Start/Early Head Start .

A) Ballot

Method: Custom Method

Options: Allow Bypass

Descriptions: AG-A great deal S-Somewhat VL-Very little N-Not at all NA-Not Applicable

B) Results Spread

Choices	Count
AG(4)	23
S(3)	8
VL(2)	5
N(1)	0
NA(0)	1

Statistics

Total 126

Mean S(3.41)

Mode AG

High AG

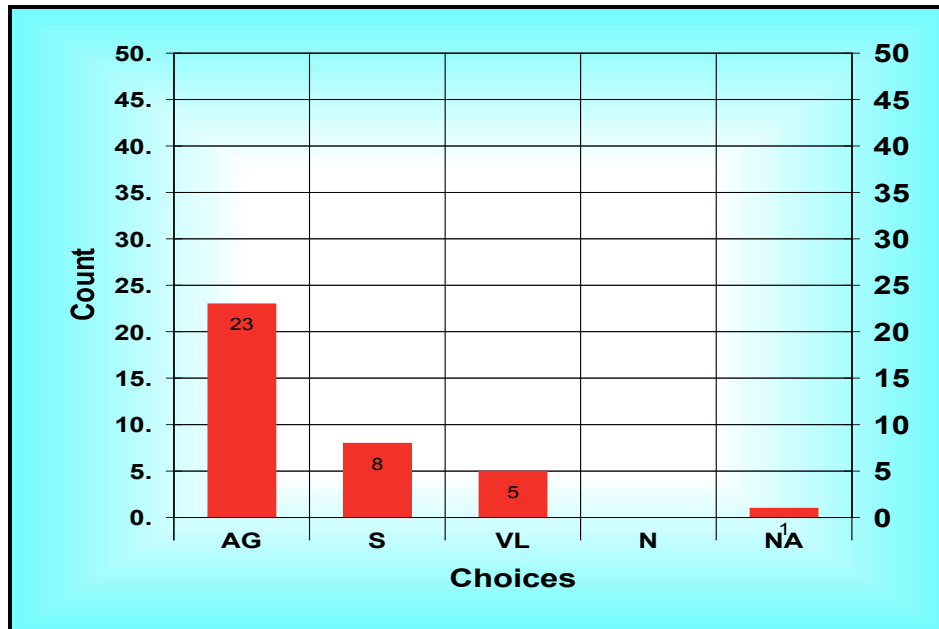
Low NA

STD 0.93

N 40

n 37

Results Chart 21



22. Expanded public awareness to educate public officials, business leaders, and the public in the economic benefits of Head Start/Early Head Start .

A) Ballot

Method: Custom Method

Options: Allow Bypass

Descriptions: AG-A great deal S-Somewhat VL-Very little N-Not at all NA-Not Applicable

B) Results Spread

Choices	Count
AG(4)	21
S(3)	12
VL(2)	5
N(1)	0
NA(0)	1

Statistics

Total 130

Mean S(3.33)

Mode AG

High AG

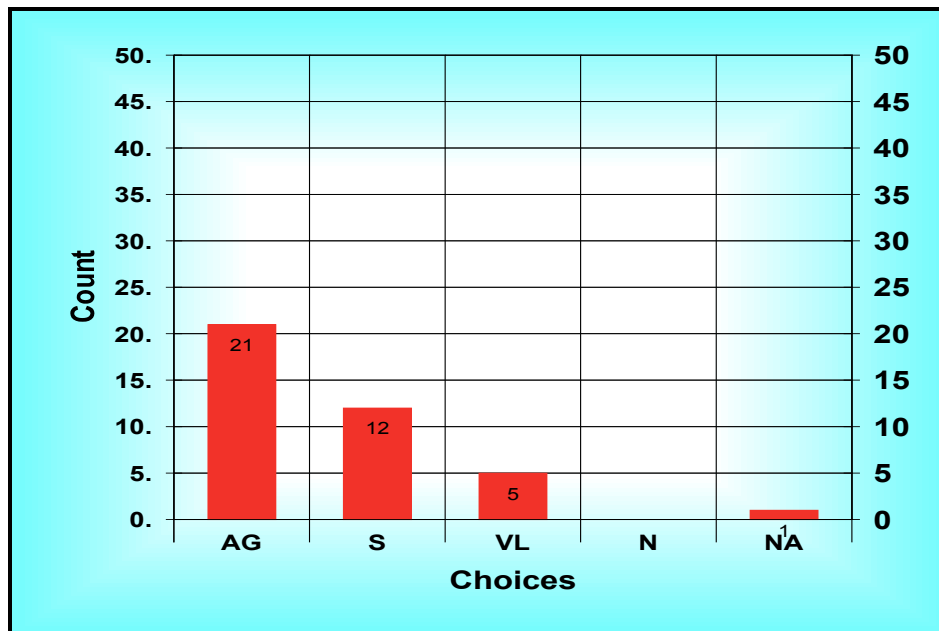
Low NA

STD 0.90

N 40

n 39

Results Chart 22



23. Expanded public awareness to educate public officials, business leaders, and the general public in the quality care of Head Start/Early Head Start.

A) Ballot

Method: Custom Method

Options: Allow Bypass

Descriptions: AG-A great deal S-Somewhat VL-Very little N-Not at all NA-Not Applicable

B) Results Spread

Choices	Count
AG(4)	21
S(3)	13
VL(2)	3
N(1)	1
NA(0)	1

Statistics

Total 130

Mean S(3.33)

Mode AG

High AG

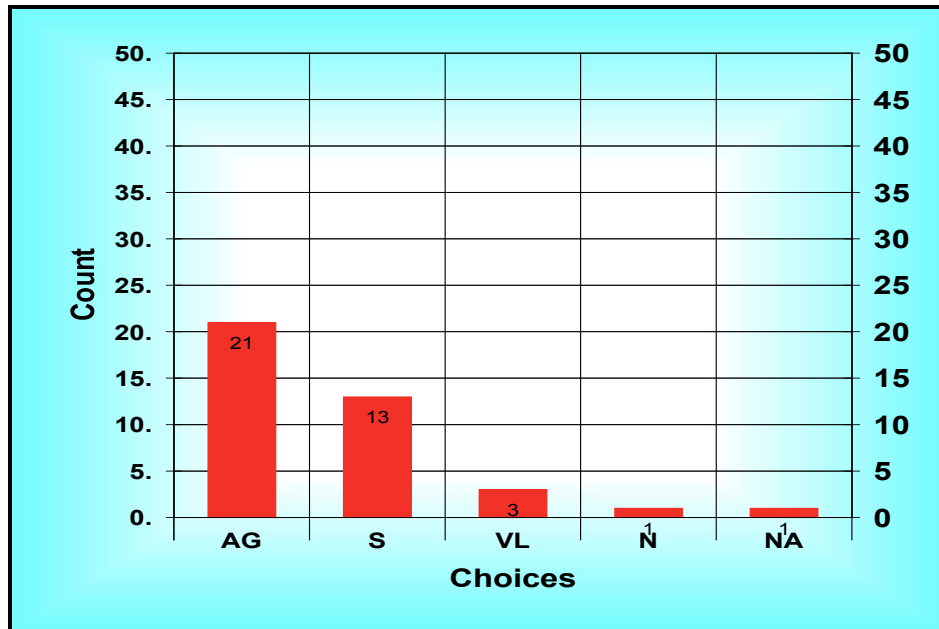
Low NA

STD 0.93

N 40

n 39

Results Chart 23



24 and 25. Comments are included in narrative report on Section 5.

26. How long have you been involved in this capacity?

A) Ballot

Method: Multiple Selection
Options: Allow Bypass
Maximum Selections: [1]
Descriptions: Please choose one
Number of Choices: 4

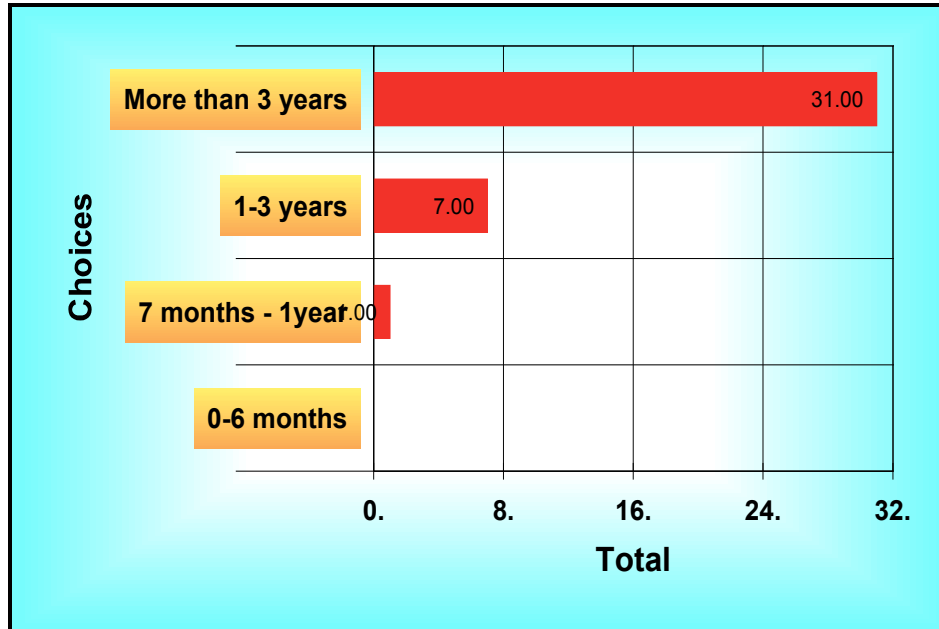
B) Results Spread

Statistics

Total 3.00
N 40

Table Sorted By Total

Choices	Total
More than 3 years	31
1-3 years	7
7 months - 1year	1
0-6 months	0



Results Chart 24 (Question 26. How long have you been involved in this capacity?)

27. Comments are included in narrative report developed with qualitative techniques.

28. Are you presently involved with:

A) Ballot

Method: Multiple Selection
Options: Allow Bypass
Maximum Selections: [1]
Descriptions: Please choose one
Number of Choices: 4

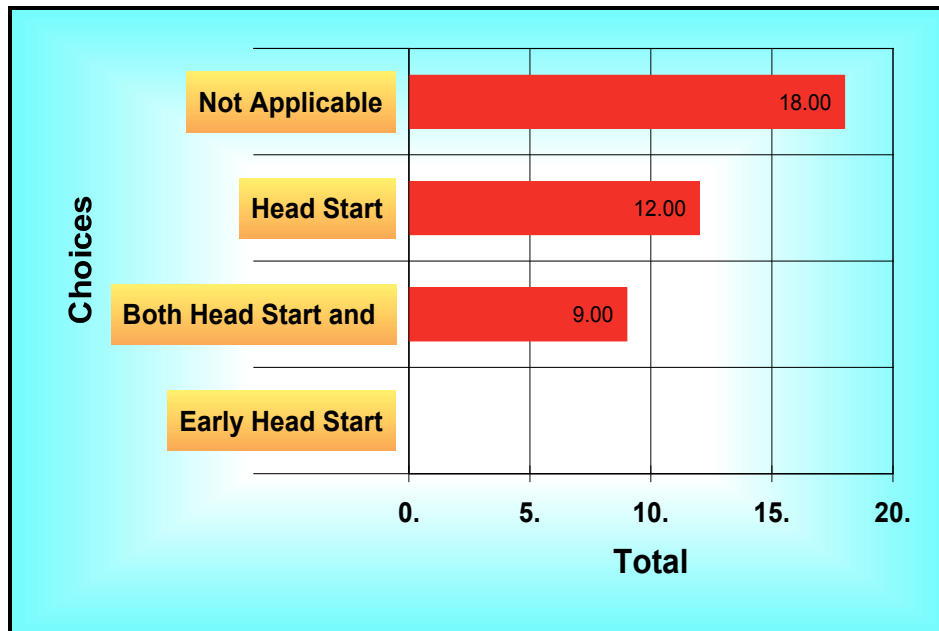
B) Results Spread

Statistics

Total 3.00
N 40

Table Sorted By Total

Choices	Total
Not Applicable	18
Head Start	12
Both Head Start and Early Head Start	9
Early Head Start	0



Results Chart 25 (Question 28. Are you presently involved with:)

29. Is your position affiliated with a Native American program?

A) Ballot

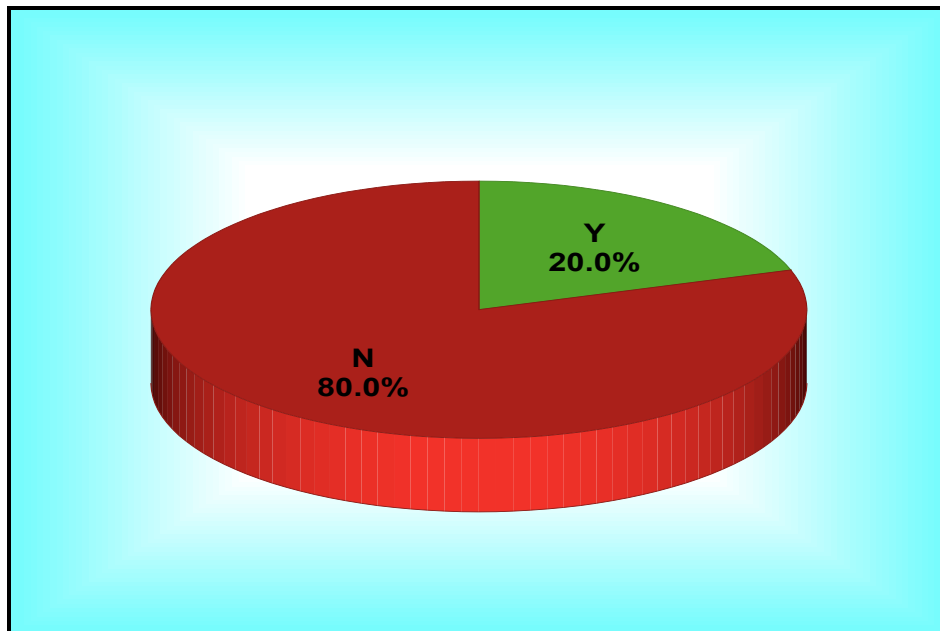
Method: Yes/No
Options: Allow Bypass
Descriptions: Select either Yes or No

B) Results Spread

Choices	Count
Y	7
N	28

Statistics

Yes% 20.00
No% 80.00
N 40
n 35



Results Chart 26 (29. Is your position affiliated with a Native American program?)

30. Have you ever been involved with the North Dakota Collaboration Office in a different capacity than the position you currently hold? If so, please state previous relationships to the Collaboration Office.

A) Ballot

Method: Open-Ended
Options: Allow Bypass
Maximum Number of Characters: [12288]
Descriptions: Click in the box to enter text.

B) Text Responses

Total Number of Respondents (N): 40

Number of responses to this question (n): 11

1. Yes past HS employee.
2. Child Care Center Director. Currently I hold another position that is not directly related to childcare.
3. North Dakota Association for the Education of Young Children and early childhood profession.
4. I work with the collaboration office as a representative of Voices for North Dakota's children an advocacy and public awareness collaboration of professional associations. I now work with the higher education consortium and early learning guidelines committee.
5. No.
6. Previous partner--support agency to local programs.
7. No
8. No
9. No
10. No
11. No

31. How long were you involved in each capacity?

A) Ballot

Method: Multiple Selection
Options: Allow Bypass
Maximum Selections: [1]
Descriptions: Please choose one
Number of Choices: 5

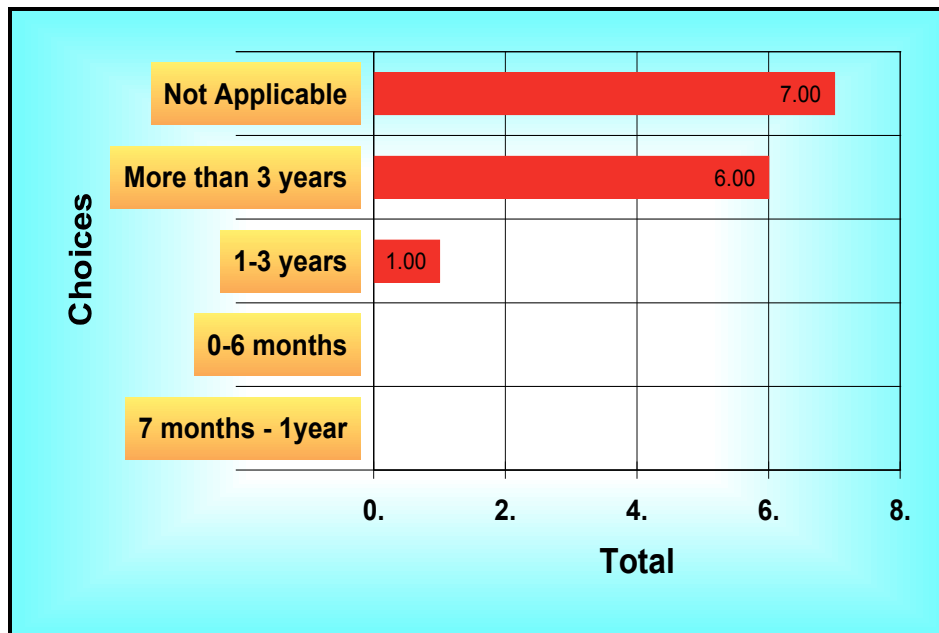
B) Results Spread

Statistics

Total 3.00
N 40

Table Sorted By Total

Choices	Total
Not Applicable	7
More than 3 years	6
1-3 years	1
0-6 months	0
7 months - 1year	0



Results Chart 27 (Question 31. How long were you involved in each capacity?)